



NATURE AND EXTENT OF THE ILLICIT DRUG PROBLEM IN MISSOURI

2004

**Department of Public Safety
and
Statistical Analysis Center**

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FOREWORD

On behalf of the State of Missouri and the Missouri Department of Public Safety, it is my pleasure to present the results of an analysis of the illicit drug problem in Missouri. The report focuses on three primary issues: illicit drug use, impact of drug use, and the illegal drug industry in the State.

The Missouri Department of Public Safety remains committed to our vision: “By embracing the challenges of the future, the Department of Public Safety and the law enforcement community working together will provide the protection and service to create a quality of life in which all people feel safe and secure.”

Director
Missouri Department of Public Safety

ACKNOWLEDGMENTS

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Special recognition must be given to Missouri law enforcement officers involved with Multi-jurisdictional Drug Task Forces. Their responses to the 2004 Missouri Illicit Drug Survey and quarterly reports provided to the Byrne Program were most valuable to this study. Missouri Crime Laboratory employees also are recognized for their support through quarterly reports.

Several State agencies provided data to this study: Missouri State Highway Patrol, Uniform Crime Reporting Program; Missouri Department of Mental Health; Missouri Department of Health and Senior Services; Missouri Department of Corrections; Missouri Department of Social Services; and Missouri Department of Elementary and Secondary Education. This study was possible because of their support.

Ronald G. Beck
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TABLE OF CONTENTS

	PAGE
INTRODUCTION	1
ILLCIT DRUG USE	5
Marijuana	5
Cocaine	7
Methamphetamine	8
Heroin / Opiates	10
Hallucinogens	11
Other Illicit Drugs	13
IMPACT OF ILLICIT DRUG USE	14
Criminal Justice System	14
Health Care System	17
ILLCIT DRUG INDUSTRY IN MISSOURI	19
Marijuana Cultivation	19
Methamphetamine Clandestine Laboratories	21
Missouri Interstate Distribution Trafficking	25
Distribution And Point-Of-Sale Drug Trafficking	27
Marijuana	27
Cocaine / Crack Cocaine	29
Methamphetamine	33
Heroin / Opiates	35
Hallucinogens	37
Ecstasy	39
Pharmaceuticals	40
New Illicit Drugs	43
APPENDIX A: MISSOURI REGIONAL COUNTY GROUPINGS	A-1

FIGURES

	PAGE
ILLICIT DRUG USE IN MISSOURI	
Figure 1: Demographic Characteristics Of Persons Giving Marijuana Mentions During Drug Treatment 2003	5
Figure 2: Persons Admitted To Missouri Hospitals Diagnosed With Mentions Of Marijuana 1998 Through 2002	6
Figure 3: Persons Admitted For Primary Drug Treatment Of Marijuana At State-Supported Facilities 1998 Through 2003	6
Figure 4: Proportion Of Missouri High School Seniors Who Used Marijuana In Past 30 Days 1991 Through 2003	6
Figure 5: Demographic Characteristics Of Persons Giving Cocaine Mentions During Drug Treatment 2003	7
Figure 6: Persons Admitted To Missouri Hospitals Diagnosed With Mentions Of Cocaine 1998 Through 2002	7
Figure 7: Persons Admitted For Primary Drug Treatment Of Cocaine At State-Supported Facilities 1998 Through 2003	8
Figure 8: Proportion Of Missouri High School Seniors Who Used Cocaine In Past 30 Days 1991 Through 2003	8
Figure 9: Demographic Characteristics Of Persons Giving Methamphetamine And Amphetamine Mentions During Drug Treatment 2003	9
Figure 10: Persons Admitted To Missouri Hospitals Diagnosed With Mentions Of Methamphetamine And Amphetamines 1998 Through 2002	9
Figure 11: Persons Admitted For Primary Drug Treatment Of Methamphetamine At State-Supported Facilities 1998 Through 2003	10
Figure 12: Demographic Characteristics Of Persons Giving Heroin And Opiate Mentions During Drug Treatment 2003	10
Figure 13: Persons Admitted To Missouri Hospitals Diagnosed With Mentions Of Heroin And Opiates 1998 Through 2002	11
Figure 14: Persons Admitted For Primary Drug Treatment Of Heroin and Opiates At State-Supported Facilities 1998 Through 2003	11
Figure 15: Demographic Characteristics Of Persons Giving Hallucinogen Mentions During Drug Treatment 2003	12
Figure 16: Persons Admitted To Missouri Hospitals Diagnosed With Mentions Of Hallucinogens 1998 Through 2002	12
Figure 17: Persons Admitted For Primary Drug Treatment Of Hallucinogens At State-Supported Facilities 1998 Through 2003	12
Figure 18: Persons Admitted To Missouri Hospitals Diagnosed With Mentions Of Other Illicit Drugs 1998 Through 2002	13

Figure 19: Persons Admitted For Primary Drug Treatment Of Other Illicit Drugs At State-Supported Facilities 1998 Through 2003	13
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IMPACT OF ILLICIT DRUG USE

Figure 20: Number Of Missouri Drug Arrests In Missouri By Year	14
Figure 21: Number Of Missouri Drug Arrests Per 100,000 Population By Year	14
Figure 22: Missouri Drug Arrests By Arrest Type 2003	14
Figure 23: Cases Processed By Missouri Crime Laboratories By Illicit Drug Status FY 2004	15
Figure 24: Cases Processed By Missouri Crime Laboratories With Identified Illicit Drugs By Fiscal Year	15
Figure 25: Illicit Drugs Identified In Missouri Crime Laboratory Cases By Illicit Drug Type FY 2004	15
Figure 26: Missouri Juvenile Court 2001 Law Violation Referrals Case Drug Status	15
Figure 27: Missouri Juvenile Court Drug-Related Law Violation Referrals By Year	16
Figure 28: Clients Entering Department Of Corrections Custody By Drug Sentencing Status 2003	16
Figure 29: Clients Sentenced For Drug Violations Entering Department Of Corrections Custody By Year	16
Figure 30: 2002 Missouri Hospital Illicit Drug Mentions In Patient Diagnosis By Illicit Drug Type	17
Figure 31: Missouri Hospital Illicit Drug Mentions In Patient Diagnosis By Year	17
Figure 32: HIV / AIDS Cases Contracted By IV Drug Use By Year	18
Figure 33: HIV / AIDS Cases Contracted By Homosexual IV Drug Use By Year	18

ILLICIT DRUG INDUSTRY IN MISSOURI

Figure 34: Eradication Of Cultivated And Sinsemilla Marijuana Plants By Multi-Jurisdictional Drug Task Forces Fiscal Year 1998 Through 2004	19
Figure 35: Seriousness Of Marijuana Cultivation As Perceived By Multi-Jurisdictional Drug Task Forces	20
Figure 36: Type Of Marijuana Cultivation As Perceived By Multi-Jurisdictional Drug Task Forces	20
Figure 37: Location Of Outdoor Marijuana Cultivation As Perceived By Multi-Jurisdictional Drug Task Forces	20
Figure 38: Location Of Indoor Marijuana Cultivation As Perceived By Multi-Jurisdictional Drug Task Forces	20
Figure 39: Demographic Characteristics Of Persons Involved In Marijuana Cultivation As Perceived By Multi-Jurisdictional Drug Task Forces	21

Figure 40:	Organization Levels Associated with Marijuana Cultivation As Perceived By Multi-Jurisdictional Drug Task Forces	21
Figure 41:	Trends Of Marijuana Cultivation Industry As Perceived By Multi-Jurisdictional Drug Task Forces	21
Figure 42:	Clandestine Methamphetamine Laboratory Seizures By County And MSHP Troop 2003	22
Figure 43:	Clandestine Methamphetamine Laboratories Seized By Multi-Jurisdictional Drug Task Forces FY 1998 To FY 2004	22
Figure 44:	Cases With Methamphetamine Products and Precursors Detected By Missouri Crime Laboratories By Fiscal Year	23
Figure 45:	Seriousness Of Methamphetamine Laboratories As Perceived By Multi-Jurisdictional Drug Task Forces	23
Figure 46:	Locations Of Clandestine Methamphetamine Laboratories As Perceived By Multi-Jurisdictional Drug Task Forces	23
Figure 47:	Outdoor Locations Used For Clandestine Methamphetamine Laboratories As Perceived By Multi-Jurisdictional Drug Task Forces	23
Figure 48:	Indoor Locations Used For Clandestine Methamphetamine Laboratories As Perceived By Multi-Jurisdictional Drug Task Forces	23
Figure 49:	Methamphetamine Processing Methods Used In Clandestine Laboratories As Perceived By Multi-Jurisdictional Drug Task Forces	24
Figure 50:	Precursor Chemicals Used In Clandestine Methamphetamine Laboratories As Perceived By Multi-Jurisdictional Drug Task Forces	24
Figure 51:	Sources Of Precursor Chemicals Used in Clandestine Methamphetamine Laboratories As Perceived By Multi-Jurisdictional Drug Task Forces	24
Figure 52:	Sources Of Anhydrous Ammonia Used In Clandestine Methamphetamine Laboratories As Perceived By Multi-Jurisdictional Drug Task Forces	24
Figure 53:	Demographic Characteristics Of Persons Involved In Clandestine Methamphetamine Laboratories As Perceived By Multi-Jurisdictional Drug Task Forces	25
Figure 54:	Organization Levels Associated With Clandestine Methamphetamine Laboratories As Perceived By Multi-Jurisdictional Drug Task Forces	25
Figure 55:	Trends Of Clandestine Methamphetamine Laboratory Industry As Perceived By Multi-Jurisdictional Drug Task Forces	25
Figure 56:	Seriousness Of Interstate Drug Distribution / Trafficking As Perceived By Multi-Jurisdictional Drug Task Forces	26
Figure 57:	Types Of Drugs Being Transported Across Missouri As Perceived By Multi-Jurisdictional Drug Task Forces	26
Figure 58:	Vehicle Types Used To Transport Drugs Across Missouri As Perceived By Multi-Jurisdictional Drug Task Forces	26
Figure 59:	Demographic Characteristics Of Persons Involved In Interstate Drug Distribution / Trafficking As Perceived By Multi-Jurisdictional Drug Task Forces	27

Figure 60:	Organization Levels Associated With Interstate Drug Distribution / Trafficking As Perceived By Multi-Jurisdictional Drug Task Forces	27
Figure 61:	Trends Of Interstate Drug Distribution / Trafficking As Perceived By Multi-Jurisdictional Drug Task Forces	27
Figure 62:	Purity Trends Of Drugs Transported Across Missouri As Perceived By Multi-Jurisdictional Drug Task Forces	27
Figure 63:	Ounces of Marijuana Seized By Multi-Jurisdictional Drug Task Forces FY 1998 Through FY 2004	28
Figure 64:	Seriousness Of Marijuana Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	28
Figure 65:	Location Of Marijuana Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	28
Figure 66:	Demographic Characteristics Of Persons Involved In Marijuana Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	29
Figure 67:	Organization Levels Associated With Marijuana Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	29
Figure 68:	Trends Of Marijuana Point-of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	29
Figure 69:	Ounces Of Cocaine Seized By Multi-Jurisdictional Drug Task Forces FY 1998 Through FY 2004	30
Figure 70:	Ounces of Crack Seized By Multi-Jurisdictional Drug Task Forces FY 1998 Through FY 2004	30
Figure 71:	Seriousness of Cocaine / Crack Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	30
Figure 72:	Locations of Cocaine / Crack Distribution And Point-Of-Sale Trafficking As Perceived By Multi-Jurisdictional Drug Task Forces	31
Figure 73:	Demographic Characteristics Of Persons Involved In Cocaine / Crack Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	31
Figure 74:	Organization Levels Associated With Cocaine / Crack Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	31
Figure 75:	Trends of Cocaine / Crack Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	32
Figure 76:	Precursor Drugs Used To Process Crack Cocaine As Perceived By Multi-Jurisdictional Drug Task Forces	32
Figure 77:	Locations Used For Crack Cocaine Processing As Perceived By Multi-Jurisdictional Drug Task Forces	32
Figure 78:	Demographic Characteristics Of Persons Involved In Crack Cocaine Processing As Perceived By Multi-Jurisdictional Drug Task Forces	32
Figure 79:	Gang Involvement In Crack Cocaine Processing As Perceived By Multi-Jurisdictional Drug Task Forces	33

Figure 80:	Organization Levels Associated With Crack Cocaine Processing As Perceived By Multi-Jurisdictional Drug Task Forces	33
Figure 81:	Trends Of Crack Cocaine Processing As Perceived By Multi-Jurisdictional Drug Task Forces	33
Figure 82:	Ounces Of Methamphetamine Seized By Multi-Jurisdictional Drug Task Forces FY 1998 Through FY 2004	34
Figure 83:	Seriousness of Methamphetamine Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	34
Figure 84:	Locations Of Methamphetamine Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	34
Figure 85:	Demographic Characteristics Of Persons Involved In Methamphetamine Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	34
Figure 86:	Organization Levels Associated With Methamphetamine Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	35
Figure 87:	Trends Of Methamphetamine Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	35
Figure 88:	Ounces Of Heroin / Opiates Seized By Multi-Jurisdictional Drug Task Forces FY 1998 Through FY 2004	35
Figure 89:	Seriousness of Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	36
Figure 90:	Locations Of Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	36
Figure 91:	Demographic Characteristics Of Persons Involved In Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	36
Figure 92:	Organization Level Associated With Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	37
Figure 93:	Trends Of Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	37
Figure 94:	Ounces Of LSD And PCP Seized By Multi-Jurisdictional Drug Task Forces FY 1998 Through FY 2004	37
Figure 95:	Seriousness Of Hallucinogen Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	38
Figure 96:	Locations of Hallucinogen Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	38
Figure 97:	Demographic Characteristics Of Persons Involved In Hallucinogen Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	33
Figure 98:	Organization Levels Associated With Hallucinogen Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	38

Figure 99: Trends Of Hallucinogen Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	39
Figure 100: Seriousness of Ecstasy Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	39
Figure 101: Locations Of Ecstasy Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	39
Figure 102: Demographic Characteristics Of Persons Involved In Ecstasy Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	40
Figure 103: Organization Levels Associated With Ecstasy Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	40
Figure 104: Trends Of Ecstasy Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	40
Figure 105: Seriousness Of Illegal Pharmaceutical Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	41
Figure 106: Types Of Illegal Narcotics Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	41
Figure 107: Types Of Illegal Depressants, Stimulants, And Other Drug Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	41
Figure 108: Locations Of Illegal Pharmaceutical Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	42
Figure 109: Demographic Characteristics Of Persons Involved In Illegal Pharmaceutical Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	42
Figure 110: Organization Levels Associated With Illegal Pharmaceutical Drugs Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	42
Figure 111: Trends Of Illegal Pharmaceutical Drugs Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces	43

INTRODUCTION

The Missouri Department of Public Safety (DPS) has undertaken a comprehensive approach to utilizing Byrne federal grant dollars to address the illicit drug problem in the State. Enforcement / interdiction, prevention / education, treatment, criminal litigation, improving criminal history records, and improving statewide illicit drug and violent crime data are a few of the Department's focus areas. It is believed Missouri citizens can receive the most benefit by addressing these issues.

A study was conducted by DPS and the Missouri Statistical Analysis Center (SAC) to provide baseline data to evaluate Byrne-funded programs targeted at illicit drugs. This report provides results of this study and analyses contained within focus on three primary issues: illicit drug use, societal impact of drug use, and extent of drug industries in the State.

Illicit drug use and demand drive the impact of drugs and their industries in Missouri. Because of this relationship, an analysis of illicit drug use is critical for an assessment of Missouri's drug problem. The demographic characteristics, perceived risk, emergency room and treatment trends, regional variance, and prevalence by young persons are assessed for marijuana, cocaine / crack cocaine, methamphetamine, heroin / opiates, hallucinogens, and other illicit drug use.

In order to make a statewide assessment of drug use, several analyses were conducted utilizing drug treatment data stored in the Client Tracking, Registration, Admission, and Commitment (CTRAC) information system maintained by the Missouri Department of Mental Health. This information system captures data on clients admitted to State-supported treatment facilities for alcohol and drug abuse dependency problems. As part of the data collection effort, drugs which clients abuse (up to three: primary, secondary, tertiary) are captured. Fifty-eight facilities located throughout Missouri participate in the CTRAC system. Patterns of illicit drug use, demographic profiles of users, and trends were analyzed with CTRAC data. In 2003, 24,960 clients were admitted for treatment of illicit drug use. A total of 36,104 illicit drugs were mentioned by these clients. Of these, 20,194 illicit drugs were

mentioned by clients as primary contributors to their abuse problems.

Another information system used to assess illicit drug use was the Patient Abstract Information System maintained by Department of Health and Senior Services. This information system captures data on all patients admitted to licensed hospitals in Missouri including cases handled through hospital emergency rooms. Data were obtained on all patients admitted to these facilities from 1998 through 2002 where use of illicit drugs was mentioned as part of their diagnosis.

Data from two statewide surveys also were analyzed to identify the extent of drug use in Missouri. The Missouri Department of Elementary and Secondary Education High School Drug Survey was used to identify marijuana and cocaine use by Missouri high school seniors. Trends were analyzed of their use from 1991 through 2003 for these two drugs. Data collected in a 2002 public opinion survey conducted by the Missouri State Highway Patrol was used to identify citizens' perspectives of the extent of the drug problem.

The societal impact of drug use in Missouri is manifested in many ways. A significant impact is seen in the resources and effort expended by the criminal justice system to control the problem. To assess this impact, trends and types of drug arrests, criminal laboratory cases, juvenile court referrals, and incarcerated persons are analyzed. Drug use also impacts the health care system in Missouri. Unfortunately, no single data source or indicator could be relied on to provide a definitive assessment of these problems and their impact on Missouri's citizens. Instead, this study was based on data from existing federal, state, and local information systems primarily associated with law enforcement, juvenile justice, corrections, and public health agencies.

To identify illicit drugs' societal impact, several data sources were analyzed. Law enforcement's response to illicit drugs in Missouri was analyzed using Uniform Crime Reporting (UCR) arrest data. The Missouri UCR Program was based on voluntary law enforcement reporting until 2001. In 2001, the

Missouri UCR Program was initiated and Missouri law enforcement agencies were mandated by statute to report to this Program. In order to assess law enforcement illicit drug arrest levels prior to 2001, data voluntarily reported to the FBI UCR Program and the MSHP Crime Summary Information System were combined. By merging these arrest data, a more complete picture of Missouri's illicit drug enforcement arrest levels was obtained. A complete picture of drug enforcement arrest levels are available since inception of the State UCR Program.

To further assess illicit drugs' societal impact on the criminal justice system, reliance was placed on a number of information sources including, but not limited to: DPS Crime Laboratory Quarterly Monitor Report System; Juvenile Court Information System; Department of Corrections Offender Management Information System; Missouri Bureau of AIDS / HIV Prevention; and Federal research publications. Data on drug cases processed by Missouri crime laboratories were analyzed to identify the impact on one aspect of the criminal justice system. Court referrals of juveniles for drug violations were analyzed to identify the impact of drugs on Missouri's juvenile justice system. Illicit drugs' impact on the State's penal system was identified through analysis of clients entering Department of Corrections' custody for drug violations. The relationship of crime and drug use was analyzed in a survey of jail inmates conducted by the Bureau of Justice Statistics.

The use of illicit drugs' impact on the health system in Missouri was assessed through analysis of Missouri hospital admissions and HIV / AIDS data. Analysis of hospital admissions of persons diagnosed with illicit drug-related health problems identified the impact on Missouri's hospital infrastructure. Cases involving HIV / AIDS contracted through illicit drug use identified the impact on State-supported facilities that care for HIV / AIDS afflicted persons.

The illicit drug industry also has an impact on Missouri's economy and the criminal justice system. To determine the extent of drug industries in the State, an analysis was conducted of data collected from quarterly progress reports submitted to DPS by all multi-jurisdictional drug task forces (MJTFs) supported under the Byrne Grant Program. These reports request information concerning trends in

quantity and estimated street value of drugs seized as well as types of drug cases and arrests processed. Reliance also was placed on information collected in Missouri crime laboratories' quarterly progress reports submitted to DPS. These reports request information related to trends in illicit drug case processing as well as identification of new illicit drug types coming on the scene or older ones experiencing a rejuvenation of use.

This study also utilized data collected in a survey of Missouri MJTFs to identify the extent of drug industries. In this survey, representatives or points of contact were requested to identify drug industries causing significant problems in their jurisdictions and to provide detailed profiles on those drug industries considered to be major or moderate problems in their operational area. Seriousness and locations of each industry, demographic characteristics of industry participants, and organization levels were analyzed to assess drug industries in the State.

An analysis of marijuana cultivation and methamphetamine clandestine laboratories was conducted to determine the trends and extent of illicit drug production within the State. An analysis of interstate distribution / trafficking was conducted to determine trends and extent of the foreign produced illicit drugs sold in Missouri and trafficked across the State's roadway system. The distribution and point-of-sale drug trafficking was analyzed to identify the extent of illicit drug sales in Missouri. This analysis included distribution and sale of marijuana, cocaine / crack cocaine, methamphetamine, heroin / opiates, hallucinogens, ecstasy, pharmaceutical drugs, and drugs new to Missouri's illicit market.

Substantial reliance also was placed on research at both the federal and state level to provide additional insights into drug industry problem areas. Most helpful was the National Drug Intelligence Center (NDIC) publication *National Drug Threat Assessment 2004*. Intelligence bulletins published by the NDIC also provided useful information of new and evolving illicit drugs.

The final level of analysis consisted of viewing illicit drug problems on a regional basis. Results of this analysis were incorporated into both the assessment of the nature and extent of illicit drug use and impact of this use. Reliance was placed on viewing these

problem areas based on Metropolitan Statistical Areas (MSAs). MSAs are developed by the U.S. Bureau of Census and were defined as areas having a large population nucleus together with adjacent communities having a high degree of economic and social integration with that nucleus. For this report, MSA boundaries are modified to include counties within drug task force jurisdictions which cover counties outside of Bureau of Census boundaries. Missouri's seven MSAs, modified to include adjoining task force counties, are: St. Louis MSA which consists of ten counties and the City of St. Louis; the Kansas City MSA which consists of ten counties; the Columbia MSA with three counties; the Jefferson City MSA with two counties (added in 2003); the Springfield MSA consisting of nine counties; the Joplin MSA consisting of five counties; and the St. Joseph MSA with twelve counties. For regional analysis, the remaining sixty-four counties were grouped together and entitled Non-MSA Region. Appendix A identifies specific counties associated with these regional groupings as well as a map displaying their location in the State. For analysis purposes, however, the Joplin MSA was combined with the Springfield MSA and Jefferson City MSA was combined with the Columbia MSA.

Prior to discussing findings of this assessment, it is worthwhile to describe Missouri's population and geographical characteristics. Missouri covers an area of 68,898 square miles. It is approximately 270 miles from east to west and 310 miles from north to south. Missouri has two very large urban population centers, a number of smaller urban population centers, and vast rural areas all representing diverse cultures and life-styles.

It is estimated Missouri's 2003 population was over 5.7 million. Of the total population, over one-half live in the two largest MSAs (36.0% in the St. Louis MSA and 19.7% in the Kansas City MSA). The other five MSAs contain 16.6% of the population while the Non-MSA regions of the State account for 27.7% of the total.

ILLICIT DRUG USE IN MISSOURI

The illicit drug problem in the State of Missouri is well recognized by its citizens. In a public opinion survey conducted by the Missouri State Highway Patrol in 2002, Missouri citizens were asked to rank, by order of importance, eight social issues facing America. They were: problems with the economy; damage to the environment; taking care of the needy and elderly; health care; public education; alcohol abuse; drug abuse; and crime. The responses were analyzed based on their being ranked as one of the top three problem areas in the nation (i.e., ranked either 1, 2, or 3). Drug abuse was considered the fourth most important issue with 41.9% of the respondents ranking it as one of their top three concerns. Crime was first with 63.6% of the respondents placing it in the top three.

This section contains an assessment of the major types of illicit drugs currently in use in the State. These include: marijuana, cocaine / crack, methamphetamine, heroin / opiates, hallucinogens (LSD, PCP, mescaline, psilocybin, etc.), ecstasy, and other types of drugs.

Marijuana

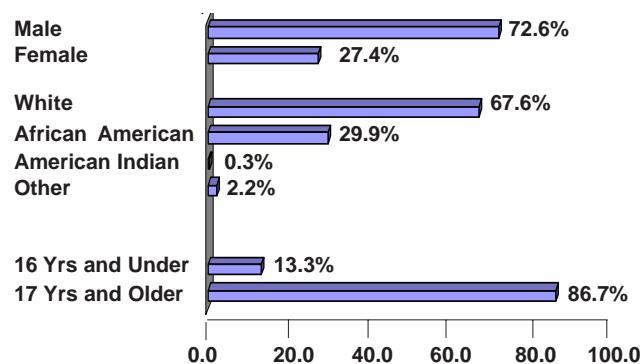
Marijuana is one of the most abused drugs in the State. In 2002, the Missouri Department of Health and Senior Services recorded 21,126 illicit drug mentions during admissions of Missouri residents to in-state hospitals for medical treatment. In the diagnosis of 3,739 patients, marijuana was mentioned as a factor. Of all illicit drugs diagnosed in 2002, marijuana accounted for 16.9%. It was the third most diagnosed drug associated with statewide hospital admissions in 2001.

Marijuana was the greatest contributing factor to people seeking treatment for illicit drug abuse and dependency. In 2003, 24,960 clients were admitted to State-supported facilities for use of one or more illicit drugs. A total of 20,194 primary drug mentions were made by these clients. There were 8,906 clients who indicated marijuana contributed to their drug abuse problem. As a result, marijuana accounted for 44.1% of all primary drug mentions.

A greater proportion of marijuana mentions are associated with drug dependency and treatment centers than hospital admissions. This may indicate marijuana has a greater direct effect on a person's socio-psychological well-being as compared to their physical health.

Marijuana is used by all demographic groups in Missouri. Of the 8,906 clients in treatment programs who indicated marijuana as a problem, 72.6% were male and 27.4% were female. In addition, 67.6% were white, 29.9% were African American, and 2.5% were either American Indian or another race. The majority of clients were 17 years of age and older (86.7%) while 13.3% were 16 years of age or younger (Figure 1).

Figure 1
Demographic Characteristics Of Persons Giving Marijuana Mentions During Drug Treatment 2003



Indications are marijuana is a drug of choice by Missouri's youth compared to other illicit drugs. The average age of clients receiving treatment for illicit drug use in 2003 was 30.1 years. However, for the 8,912 clients with a marijuana problem, the average age was 24.7 years, substantially lower. Clients with a marijuana problem first used it earlier than clients first used other illicit drugs. The average age of clients' first use of marijuana was 15.4 years compared to 20.0 years for clients' first use of any illicit drugs.

A statewide survey conducted by the Missouri Department of Public Safety in 2001 indicates marijuana is abused more than other illegal drugs. Of the survey respondents who have a friend, rela-

tive, or acquaintance who uses or sells any illegal drugs, 86.1% know they use or sell marijuana. The increased abuse of marijuana compared to other drugs may be due to less perceived risks associated with its use. This survey indicates the majority of Missouri citizens perceive marijuana use as less of a threat, physical or otherwise, compared to use of other illegal drugs. Of those responding, 77.2% think regular marijuana use poses a great risk to users.

Trend analyses were conducted identifying patterns of marijuana use in the State over the past several years. When examining trends in marijuana use, it is apparent this drug's usage has increased. The number of persons admitted to hospitals diagnosed with marijuana as a contributing factor has been steadily increasing since 1998. Marijuana mentions rose 3.8% between 1998 and 1999 and 9.0% between 1999 and 2000. Marijuana mentions increased from 3,403 in 2000 to 3,559 in 2001, an increase of 4.6%. Mentions increased from 3,559 in 2001 to 3,739 in 2002, a rise of 5.1% (Figure 2). An examination of trends of persons seeking treatment in State-supported facilities for primary problems with marijuana indicate use of this drug has increased substantially. The number of persons admitted for treatment of primary marijuana problems increased from 6,247 in 1998 to 7,835 in 1999, a 23.8% increase. In 2000, the number of people admitted was 8,620, an increase of 11.4%. In 2001, there were 9,705 admissions. This was a 12.6% increase over 2000. The number of persons admitted for treatment in 2002 was 9,169, a decrease of 5.5% and in 2003, 8,912 were admitted, a 2.8% decrease (Figure 3).

Figure 2
Persons Admitted To Missouri Hospitals
Diagnosed With Mentions Of Marijuana
1998 Through 2002

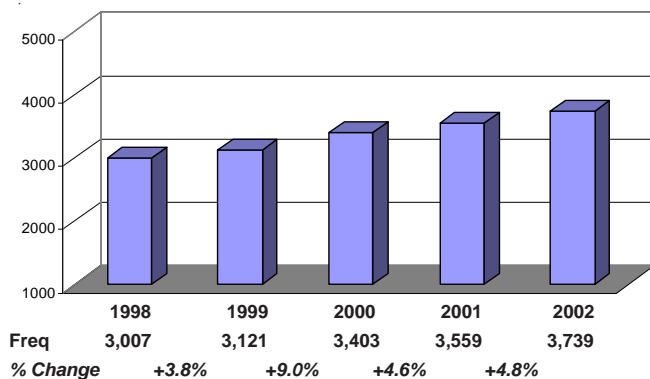
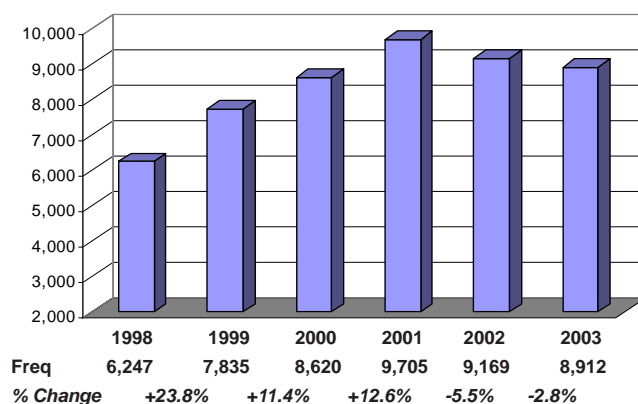


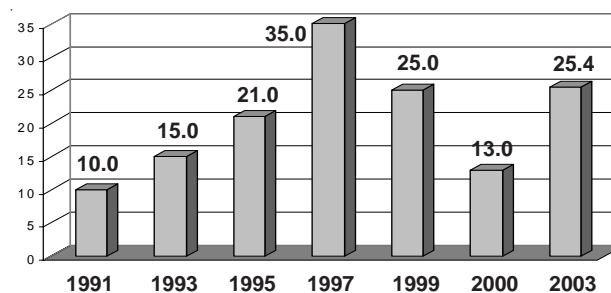
Figure 3
Persons Admitted For Primary Drug Treatment of Marijuana
At State-Supported Facilities
1998 Through 2003



A regional analysis was conducted based on hospital inpatients and outpatients receiving treatment for drug abuse in 2002. The greatest number of marijuana mentions given in hospital admissions in 2002 was found to be disproportionately greater in smaller, urban MSAs and Non-MSAs. St. Joseph MSA patients mentioned marijuana most (30.6%). Patients in Springfield MSA and Non-MSA counties were next (tied - 22.1%), followed by Joplin MSA (21.1%), Kansas City MSA (19.1%), St. Louis MSA (14.5%), and Columbia (12.7%).

A statewide survey conducted by the Missouri Department of Elementary and Secondary Education substantiates marijuana use by youth. This survey indicated the proportion of Missouri high school seniors who used marijuana in the past 30 days increased from 10% in 1991 to 15% in 1993, then increased to 21% in 1995, to a high of 35% in 1997, and declined to 25% in 1999. The proportion of Missouri high school seniors who used marijuana in the past 30 days declined from the high of 35% in 1997 to 13% in 2000 but increased again in 2003 to 25.4% (Figure 4).

Figure 4
Proportion of Missouri High School Seniors
Who Used Marijuana In Past 30 Days
1991 Through 2003



Cocaine

Cocaine is the most abused drug in Missouri. In 2002, the Missouri Department of Health and Senior Services recorded 21,126 illicit drug mentions during admissions for medical treatment of Missouri residents to in-state hospitals. In the diagnosis of 7,486 patients, cocaine was mentioned as a factor. Of all illicit drugs diagnosed in 2002, cocaine accounted for 35.4% of the total. It was the single most diagnosed drug associated with statewide hospital admissions in 2002.

Cocaine was a substantial contributing factor for people seeking treatment for illicit drug abuse and dependency. In 2003, 24,960 clients were admitted to State-supported facilities for use of one or more illicit drugs. A total of 20,194 primary drug mentions were made by these clients. Cocaine was indicated by 5,526 clients as a contributor to their drug abuse problem. As a result, cocaine accounted for 27.4% of all primary drug mentions, second only to marijuana.

A disproportionately high number of females used cocaine compared to other major types of illicit drugs described in this section. In 2003, almost one-half (41.7%) of the 5,526 clients having a cocaine dependency problem admitted to State-supported treatment programs were female. This drug also is used heavily in the black community. Of the 5,526 clients, 62.0% were African American while 36.2% were white. Nearly all clients were 17 years of age or older (98.4%). Only 1.6% were 16 years of age or younger (Figure 5).

Compared to other illicit drugs, cocaine is a drug of choice by older adults in Missouri. For the 5,526

clients with a cocaine problem, the average age of clients receiving treatment for illicit drugs in 2003 was 37.4 years. The average age of clients receiving treatment for illicit drug use in 2003 was 30.1 years. In addition, clients with a cocaine problem first used it later than clients first used other illicit drugs. The average age of clients' first use of cocaine was 25.4 years compared to 20.0 years for clients' first use of any illicit drug.

A statewide survey conducted by the Missouri Department of Public Safety indicates cocaine is the second most abused illegal drug. Of the survey respondents who have a friend, relative, or acquaintance who uses or sells any illegal drugs, 22.2% know they use or sell cocaine. In addition, 14.0% of the respondents have a friend, relative, or acquaintance who uses or sells crack. This survey also indicates cocaine / crack use is perceived to pose a great risk, physical or otherwise, to users. Of the respondents, 96.2% believe regular cocaine / crack use poses a great risk to users.

Trend analyses were conducted identifying patterns of cocaine use in Missouri over the past several years. When examining these trends, it is apparent use of this drug has fluctuated in recent years. The number of persons admitted to hospitals diagnosed with a cocaine problem decreased from 6,039 in 1998 to 5,685 in 1999, a 5.9% decrease, but then increased to 6,127 in 2000, a 7.8% rise. In 2001, mentions of cocaine increased to 7,046, an increase of 15.0%. In 2002, mentions rose to 7,486, an increase of 6.2% over 2001 (Figure 6). The number of people seeking treatment in State-supported facilities for primary problems with cocaine rose to 5,445 in 1999 from

Figure 5
Demographic Characteristics Of Persons
Giving Cocaine Mentions During Drug Treatment
2003

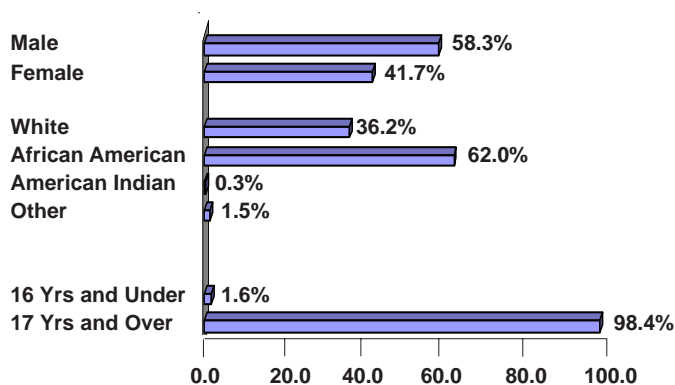
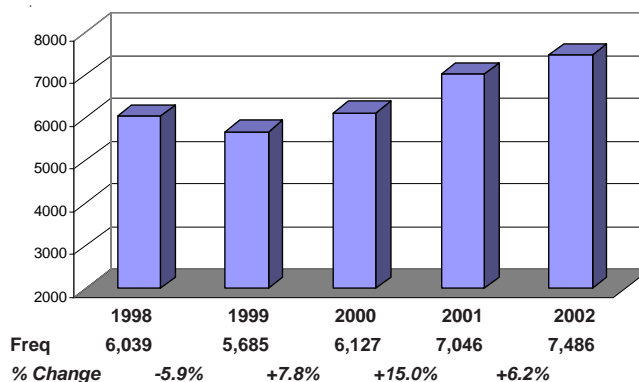
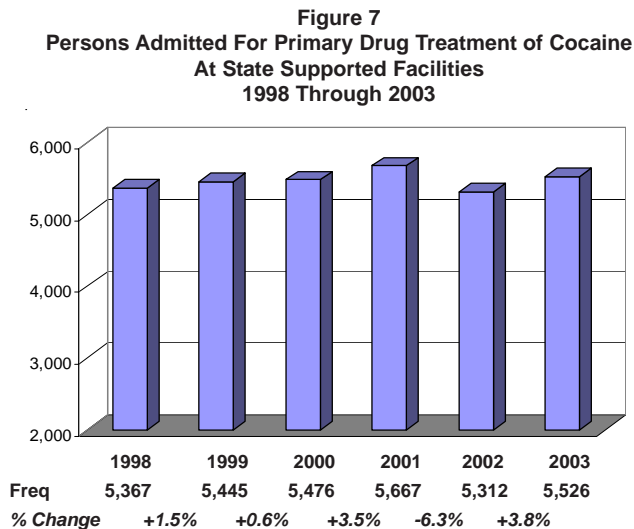


Figure 6
Persons Admitted To Missouri Hospitals
Diagnosed With Mentions Of Cocaine
1998 Through 2002



5,367 in 1998, a 1.5% increase. That number rose slightly in 2000 to 5,476, a 0.6% increase, then increased to 5,667 in 2001. People seeking treatment for cocaine in 2002 decreased to 5,312, a change of 6.3%, and increased 3.8% in 2003 to 5,526 (Figure 7).



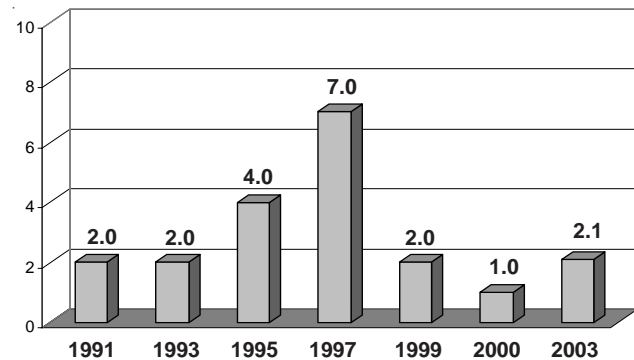
A regional analysis was conducted based on inpatients and outpatients obtaining treatment for drug abuse at Missouri hospitals in 2002. Cocaine use was found to be proportionately greater in large urban MSA. The greatest proportion of cocaine mentions of all illicit drug mentions in hospital admissions was in the St. Louis MSA (47.5%) followed by Kansas City MSA (42.5%). Of the smaller MSAs, Columbia had the greatest proportion of cocaine mentions (38.2%) followed by St. Joseph (23.5%), Non-MSAs (11.6%), Springfield (8.4%), and Joplin (5.3%).

An analysis was conducted of methods used to ingest cocaine by clients receiving drug abuse treatment in 2002 at State-supported facilities. Of the 5,667 clients with a cocaine problem in 2002, 83.6% smoked cocaine, 8.8% inhaled it, 2.0% ingested it orally, 3.1% injected it, and 2.4 used other methods. These proportions suggest the most common form of cocaine used by clients in treatment was crack cocaine.

A statewide survey conducted by the Missouri Department of Elementary and Secondary Education indicates cocaine is used by a significant proportion of youth. The survey indicated the proportion of Missouri high school seniors who used cocaine in the past 30 days remained the same at 2% from 1991 to 1993. In 1997, the proportion raised significantly to

7%, and in 1999, it decreased substantially to 2%. In 2000, the proportion decreased slightly to 1% and then rose again to 2.1% in 2003 (Figure 8).

Figure 8
Proportion of Missouri High School Seniors
Who Used Cocaine In Past 30 Days
1991 Through 2003



Methamphetamine

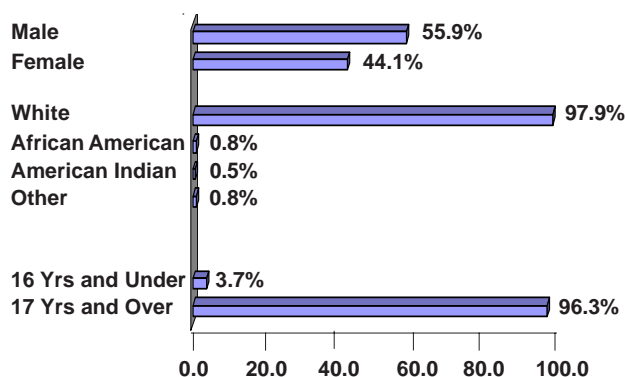
Methamphetamine and amphetamines are frequently abused drugs in Missouri. A total of 21,126 illicit drug mentions were recorded by the Missouri Department of Health during admissions of Missouri residents to in-state hospitals for medical treatment in 2003. In the diagnosis of 2,343 patients, methamphetamine and amphetamines were mentioned as a factor. Of all illicit drugs diagnosed in 2003, methamphetamine and amphetamines accounted for 11.1% of the total. These drugs were the fourth most diagnosed drugs associated with statewide hospital admissions in 2003.

Methamphetamine and amphetamines were a contributing factor for people seeking treatment for illicit drug use. A total of 24,960 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2003. A total of 20,194 primary drug mentions were made by these clients. Methamphetamine and amphetamines contributed to the drug abuse problem of 3,395 clients, or 16.8% of all primary drug mentions.

Of the 3,395 clients in treatment programs with methamphetamine or amphetamine problems, 55.9% were male and 44.1% were female. Indications are methamphetamine and amphetamines are disproportionately used by Missouri's white adult population. Of the total clients, 97.9% were white, 0.8% were black, and 1.3% were other races. Clients ages 17

years and older accounted for 96.3% of all clients while 3.7% were 16 years or younger (Figure 9).

Figure 9
Demographic Characteristics Of Persons Giving Methamphetamine And Amphetamine Mentions During Drug Treatment 2003



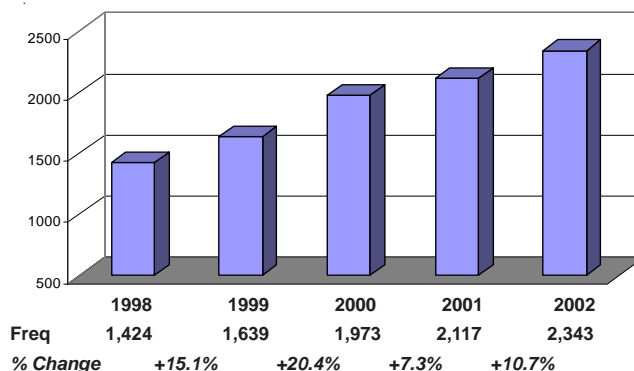
The average age of people seeking drug treatment for methamphetamine and amphetamine abuse in 2003 compared closely to the average age of clients receiving treatment for other illicit drugs. The average age of clients receiving treatment for illicit drugs in 2003 was 30.1 years. The average age of the 3,395 clients with a methamphetamine or amphetamine problem was 30.7 years. Also, clients with a methamphetamine or amphetamine problem first used them at a slightly older age than clients first used any illicit drugs. The average age of clients' first use of methamphetamine or amphetamines is 21.5 years compared to 20.0 years for clients' first use of any illicit drug.

A statewide survey conducted by the Missouri Department of Public Safety indicates methamphetamine is a significantly abused illegal drug. Of the survey respondents who have a friend, relative, or acquaintance who uses or sells any illegal drugs, 15.2% know they use or sell methamphetamine. This survey also indicates methamphetamine use is perceived to pose a great risk, physical or otherwise, to users. Of the respondents, 95.0% believe regular methamphetamine use poses a great risk to users.

When examining trends in methamphetamine and amphetamine use between 1998 and 2002, it is apparent use of these drugs increased dramatically. The number of persons admitted to hospitals diagnosed with methamphetamine or amphetamines as a contributing factor increased dramatically from 1,424

in 1998 to 1,639 in 1999. This is an increase of 15.1%. From 1999 to 2000, methamphetamine mentions rose from 1,639 to 1,973, a 20.4% increase. In 2001, methamphetamine mentions rose substantially to 2,117, an increase of 7.3% from the previous year. The number of mentions increased from 2,117 in 2001 to 2,343 in 2002, an increase of 10.7% (Figure 10). The number of persons seeking primary drug treatment in State-supported facilities also indicates a substantial increase in the use of methamphetamine and amphetamines. From 1998 to 1999, the number of persons admitted to State-supported facilities for treatment rose from 2,299 to 2,487, an 8.2% increase. In 2000, the number rose to 2,642, an increase of 6.2%. In 2001, persons admitted to State-supported facilities rose to 3,220, an increase of 21.9%. The number of persons seeking drug treatment in 2002 and 2003 for methamphetamine and amphetamines was 3,306 and 3,395 respectively, an increase in both years of 2.7% (Figure 11).

Figure 10
Persons Admitted To Missouri Hospitals Diagnosed With Mentions Of Methamphetamine And Amphetamine 1998 Through 2002

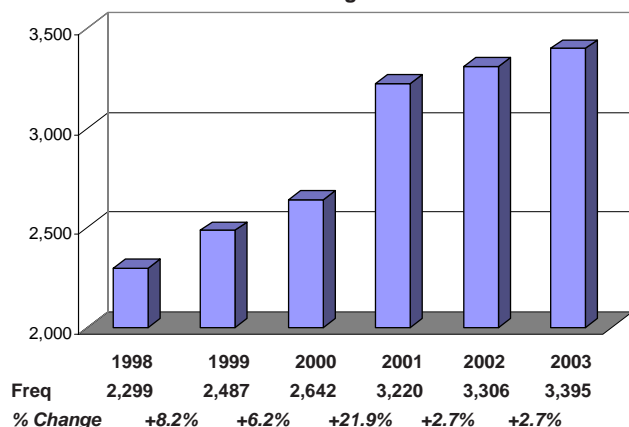


A regional analysis was conducted based on inpatients and outpatients obtaining treatment for drug abuse at Missouri hospitals in 2002. The greatest number of methamphetamine mentions given in hospital admissions in 2002 was found to be disproportionately greater in smaller, urban MSAs and Non-MSAs. Joplin MSA patients sought treatment for methamphetamine most (43.1%). Patients in Springfield MSA were next (23.6%), followed by Non MSAs (20.1%), St. Joseph MSA (12.3%), Kansas City MSA (10.2%), Columbia MSA (6.1%), and St. Louis MSA (4.5%).

An analysis was conducted of methods used to ingest methamphetamine and amphetamines by clients

receiving drug abuse treatment in 2002 at State-supported facilities. Of the 3,395 clients having a problem with these drugs, 38.1% injected methamphetamine or amphetamines, 24.0% inhaled them, 30.3% smoked them, 6.6% took the methamphetamine or amphetamines orally, and 1.0% took them by other methods.

Figure 11
Persons Admitted For Primary Drug Treatment of Methamphetamine At State Supported Facilities 1998 Through 2003



A statewide survey conducted in 2003 by the Missouri Department of Elementary and Secondary Education indicates 5.0% of Missouri high school seniors have used methamphetamine one or more times during their life.

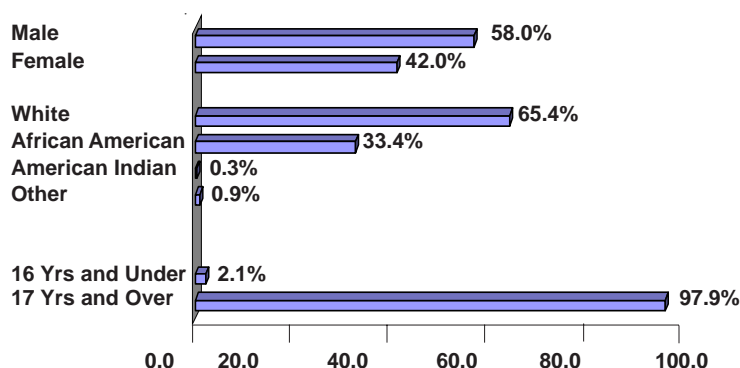
Heroin / Opiates

Heroin and opiate use is a significant problem in Missouri. In 2002, a total of 21,126 illicit drug mentions were recorded by the Missouri Department of Health during hospital admissions of Missouri residents for medical treatment. In the diagnosis of 6,559 patients, heroin and opiates were mentioned as factors. Of all illicit drugs diagnosed in 2002, heroin and opiates accounted for 31.1% of the total. These drugs were the second most diagnosed drugs associated with statewide hospital admissions in that year.

Heroin and opiates also were a significant contributing factor for people seeking treatment for illicit drug use. A total of 24,960 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2003. A total of 20,194 primary drug mentions were made by these clients. Heroin and opiates contributed to the drug abuse problem of 1,650 clients, or 8.2% of all primary drug mentions.

Of the 1,650 clients in treatment programs with a heroin or opiate problem, 58.0% were male and 42.0% were female. In addition, 65.4% were white, 33.4% were African American, and 1.2% were American Indian or another race. Clients ages 17 years and older accounted for 97.9% of all clients while those 16 years or younger accounted for 2.1% (Figure 12).

Figure 12
Demographic Characteristics Of Persons Giving Heroin And Opiate Mentions During Drug Treatment 2003



Compared to other illicit drugs, heroin and opiates are used by older adults. The average age of clients receiving treatment for illicit drugs in 2003 was 30.1 years. For the 1,650 clients with a heroin or opiate problem, the average age was 34.2 years, substantially higher than for all drugs. Clients with a heroin or opiate problem first used it at an older age than clients first used other illicit drugs. The average age of clients' first use of heroin or opiates is 22.7 years compared to 20.0 years for clients' first use of any illicit drug.

A statewide survey conducted by the Missouri Department of Public Safety indicates heroin is a significantly abused illegal drug. Of the survey respondents who have a friend, relative, or acquaintance who uses or sells any illegal drugs, 4.4% know they use or sell heroin. This survey also indicates heroin use is perceived to pose a great risk, physical or otherwise, to users. Of the respondents, 96.5% believe regular heroin use poses a great risk to users.

When examining trends in heroin and opiate use, it is apparent use of these drugs has increased. The number of persons admitted to hospitals diagnosed with heroin or opiates as a contributing factor increased from 4,275 in 1998 to 4,583 in 1999. This

is an increase of 7.2%. In 2000, the number of heroin mentions rose to 5,438, an increase of 18.7% over 1999. The number of mentions rose from 5,438 in 2000 to 6,284 in 2001, a 15.6% increase. In 2002, the number of mentions rose noticeably to 6,559 an increase of 4.4% compared to 2001 (Figure 13). The number of persons receiving treatment in State-supported facilities for primary problems with heroin and opiates rose from 1,184 in 1998 to 1,736 in 1999, a 46.6% increase. In 2000, the number of people admitted declined to 1,652, a 4.8% decrease over the previous year. In 2001, there was another decrease when admissions dropped to 1,476, a 10.7% decrease. An increase of 11.0% occurred in 2002 when admissions rose to 1,639. Another slight increase of 0.6% occurred in 2003 with admissions rising to 1,650 (Figure 14).

Figure 13
Persons Admitted To Missouri Hospitals Diagnosed With
Mentions Of Heroin And Opiates
1998 Through 2002

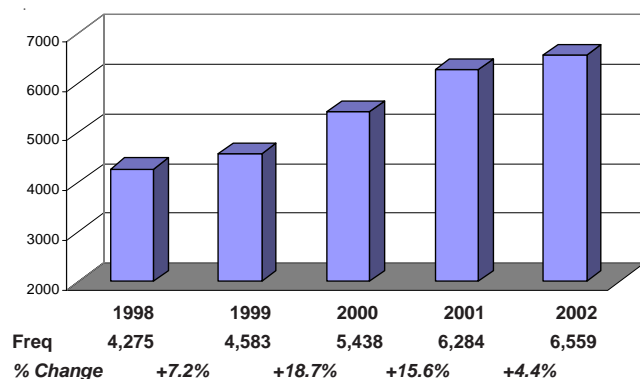
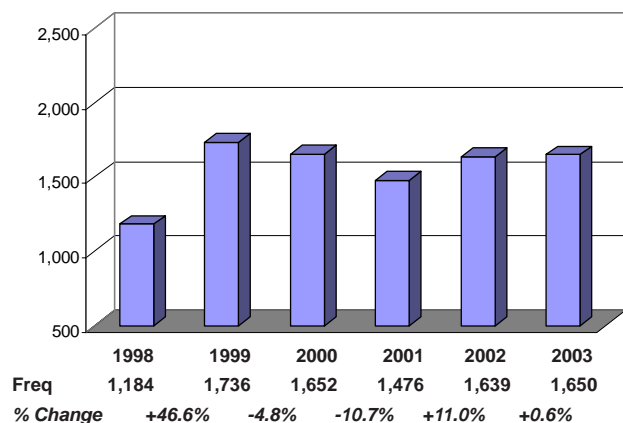


Figure 14
Persons Admitted For Primary Drug Treatment of
Heroin And Opiates At State-Supported Facilities
1998 Through 2003



A regional analysis was conducted based on persons obtaining treatment for illicit drug abuse in 2002 at Missouri hospitals. The greatest number of heroin / opiate mentions given in hospital admissions in 2002 was found to be disproportionately greater in rural Non-MSAs and smaller, urban MSAs. Non-MSA patients mentioned heroin / opiates most (38.7%). Patients in Springfield MSA were next (37.9%), followed by Columbia MSA (33.8%), St. Louis MSA (30.4%), Joplin MSA (27.1%), St. Joseph MSA (25.0%) and Kansas City MSA (23.1%).

An analysis was conducted of methods of taking heroin and opiates by clients receiving drug abuse treatment in 2003 at State-supported facilities. Of the 1,650 clients having a problem with these drugs, 54.1% injected heroin or opiates, 32.9% inhaled them, 6.7% took them orally, 3.7% smoked them and 2.5% used other methods.

A statewide survey conducted in 2003 by the Missouri DESE indicates 1.0% of Missouri high school seniors have used heroin one or more times during their life.

Hallucinogens

Hallucinogens are abused to a lesser extent in Missouri than other illicit drugs discussed in this section. In 2002, a total of 21,126 illicit drug mentions were recorded by the Missouri Department of Health during medical admissions of Missouri residents to instate hospitals. In the diagnosis of 154 patients, hallucinogens were mentioned as a factor. Of all illicit drugs diagnosed in 2002, hallucinogens accounted for 0.6% of the total. These drugs were the least diagnosed drugs associated with statewide hospital admissions.

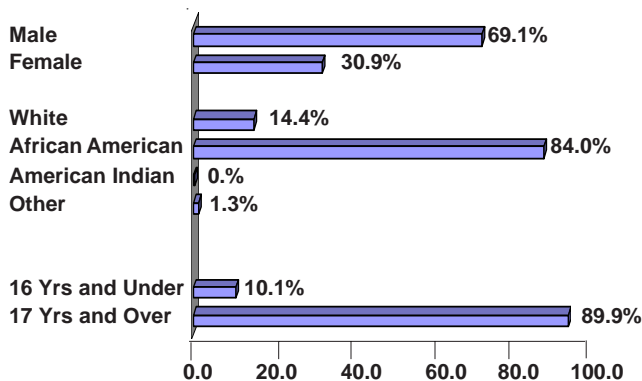
Hallucinogens were a minor contributing factor for people seeking treatment for illicit drug use compared to other drugs. A total of 24,960 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2003. A total of 20,194 primary drug mentions were made by these clients. Hallucinogens contributed to the drug abuse problem of 320 clients, or 1.6% of all primary drug mentions.

Of the 320 clients in treatment programs with an hallucinogen problem, 69.1% were male and 30.9% were female. In addition, 14.4% were white and 84.0% were African American. Clients ages 17 years

and older accounted for 89.9% of all clients while those 16 years or younger accounted for 10.1% (see Figure 15). It seems different demographic groups use different types of hallucinogens.

Compared to users of other illicit drugs, hallucinogens are used by younger adults. The average age of clients receiving treatment for illicit drugs in 2003 was 30.1 years. For the 320 clients with a hallucinogen problem, the average age was 27.0 year. The average age of clients' first use of hallucinogens was 19.7 years compared to the average age of clients' first use of other drugs was 20.0 years.

Figure 15
Demographic Characteristics Of Persons Giving Hallucinogen Mentions During Drug Treatment 2003



The number of persons admitted to hospitals diagnosed with hallucinogens as a contributing factor increased from 147 in 1998 to 184 in 1999, an increase of 25.2%. The number of hallucinogen mentions increased to 210 in 2000, a 14.1% increase. In 2001, the number declined to 154, a decrease of 26.7%. In 2002, the number of mentions remained the same as the previous year (Figure 16). The number of persons admitted to State-supported facilities for treatment of primary problems with hallucinogens rose from 99 in 1998 to 133 in 1999, a 34.3% increase. In 2000, the number of persons admitted was 178, a 33.8% increase. In 2001, the number of persons admitted rose to 209, a 17.4% increase. The number of admissions continued to increase in 2002 to 242, a +15.8% change, and in 2003 to 320, an increase of +31.8% (Figure 17).

Figure 16
Persons Admitted To Missouri Hospitals Diagnosed With Mentions Of Hallucinogens 1998 Through 2002

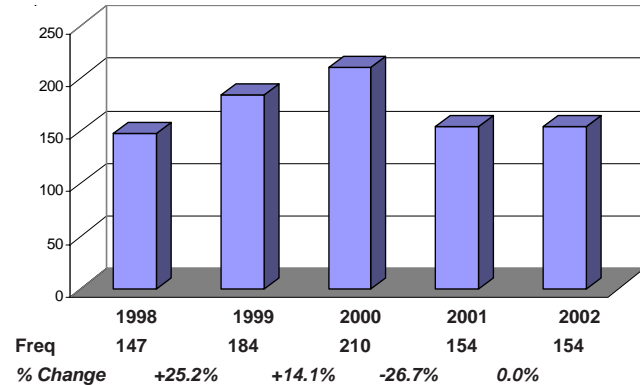
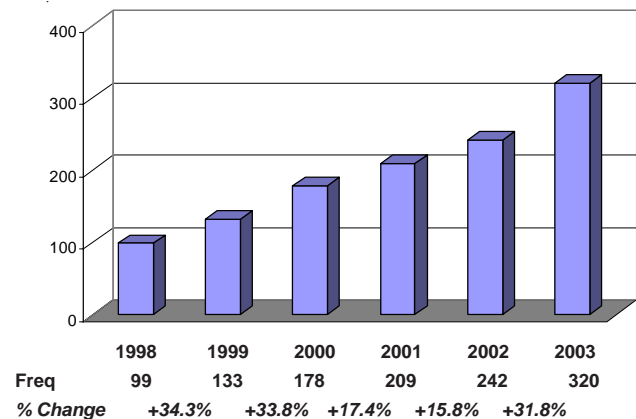


Figure 17
Persons Admitted For Primary Drug Treatment Of Hallucinogens At State-Supported Facilities 1998 Through 2003



A regional analysis was conducted based on persons admitted to hospitals for illicit drug problems in 2002. The greatest number of hallucinogen mentions given in hospital admissions in 2002 was found to be disproportionately greater in smaller, urban MSAs and Non-MSAs. Columbia MSA patients mentioned hallucinogens most (1.3%). Less than 1% of patients admitted to hospitals in all other MSAs mentioned hallucinogens.

An analysis was conducted based on how hallucinogens were ingested by clients receiving drug abuse treatment in 2002 at State-supported facilities. Of the 209 clients having a problem with these drugs in 2002, 71.8% smoked hallucinogens, 22.0% took them orally, 3.8% inhaled them, 0.5% injected them, and 1.9% administered them by other means.

Other Illicit Drugs

Other specific illicit drugs are abused to a lesser extent in Missouri than those previously discussed. This general group includes: inhalants; sedatives including barbiturates; and tranquilizers including benzodiazepines. In 2002, a total of 21,126 illicit drug mentions were recorded by the Missouri Department of Health during medical admissions of Missouri residents to instate hospitals. In the diagnosis of 883 patients, drugs in this group were mentioned as a factor. Of all illicit drugs diagnosed in 2002, these accounted for 4.2% of the total. Barbiturates were mentioned as a factor in the diagnosis of 449 patients, or 2.1%, of all recorded illicit drug mentions.

Drugs in this general group were a minor contributing factor for people seeking treatment for illicit drug use compared to other illicit drugs. A total of 24,960 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2003. A total of 20,194 primary drug mentions were made by these clients. These drugs contributed to the abuse problem of 391 clients, or 1.9% of all primary drug mentions.

The number of persons admitted to hospitals diagnosed with illicit drugs as a contributing factor increased from 665 in 1998 to 700 in 1999, an increase of 5.3%. The number of illicit drug mentions slightly decreased to 694 in 2000 (-0.9%). In 2001, the number rose to 755, an increase of 8.8%. In 2002, the number of mentions rose to 883, an increase of 17.0% from 2001 (Figure 18). The number of persons seeking treatment in State-supported facilities for primary problems with these drugs indicates a decrease from 378 in 1998 to 315 in 1999, a 16.7% decrease. In 2000, the number rose to 339 (+7.6%). The number of persons seeking treatment in 2001 significantly increased to 731 (+115.6%). In 2002, persons seeking treatment decreased to 396, a decrease of 45.8%. A decrease occurred again in 2003 to 391, a decline of 1.3% (Figure 19).

The greatest number of other drug mentions given in hospital admissions in 2002 was found to be disproportionately greater in smaller, urban MSAs and Non-MSAs. Patients in Columbia MSA mentioned other drugs most (7.9%). St. Joseph and Springfield MSA patients were next (tied - 7.5%), followed by

Figure 18
Persons Admitted To Missouri Hospitals Diagnosed With Mentions Of Other Illicit Drugs 1998 Through 2002

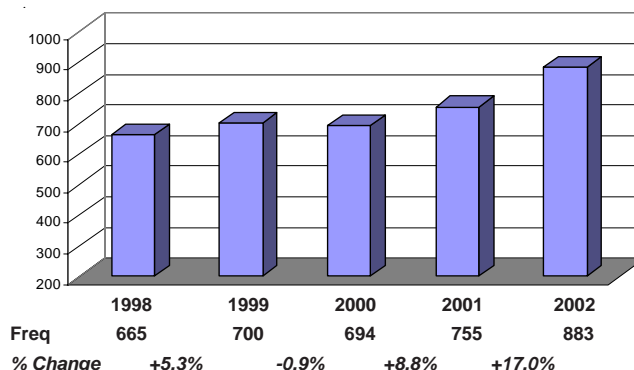
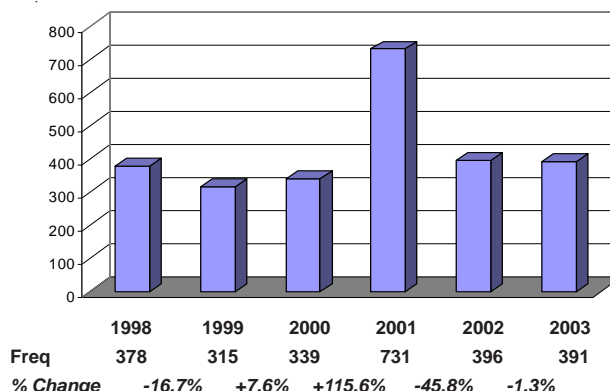


Figure 19
Persons Admitted For Primary Drug Treatment of Other Illicit Drugs At State-Supported Facilities 1998 Through 2003



Non-MSA (6.5%), Kansas City MSA (4.3%), Joplin MSAs (3.2%), and St. Louis MSA (2.7%).

A statewide survey conducted in 2003 by the Missouri Department of Elementary and Secondary Education indicated of all high school seniors, 9.7% had used ecstasy, 3.5% had used illicit steroids, and 6.2% had used inhalants at least once in their lifetime.

IMPACT OF ILLICIT DRUG USE

Illicit drug use has had a major impact on Missouri's criminal justice system. The enactment of legal sanctions for use of illicit drugs is one of the primary ways society attempts to control and reduce this problem. A substantial amount of resources and effort has been expended by the criminal justice system in detection, apprehension, conviction, and incarceration of illicit drug abusers as well as those associated with illicit drug industries. Illicit drug use also has an impact on the health care system, including hospitals and treatment centers in the State. Serious diseases and complications also can result from drug use including hepatitis, AIDS, and birth defects.

Criminal Justice System

Beginning in 1998 there was a decrease in drug arrests in the State until 2001 when a slight increase was experienced. Drug arrests decreased by 6.9% between 1998 and 2000. In 2001, 42,985 drug arrests were reported, an increase of 1.6% over 2000 arrests, followed by a 1% increase in 2002. In 2003, 43,060 arrests were made, a decrease of less than 1% from 2002 (Figure 20). In 1998, the drug arrest rate per 100,000 populations was 821.1 and in 1999 it decreased to 782.9 (-4.7%). The drug arrest rate continued to decline in 2000 (-5.4%). In 2001 and 2002, the drug arrest rate increased to 763.5 (+3.0%) and 799.0 (+4.6%), respectively. In 2003, the drug arrest rate decreased slightly to 792.5 per 100,000 populations, a 0.1% decrease from the previous year (Figure 21). The number of possession and sale /

Figure 20
Number Of Missouri Drug Offense Arrests
By Year

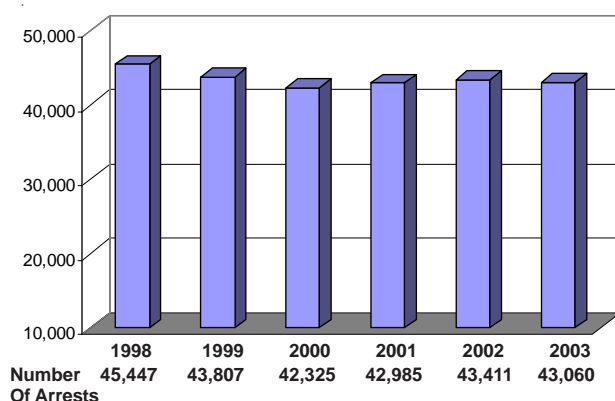
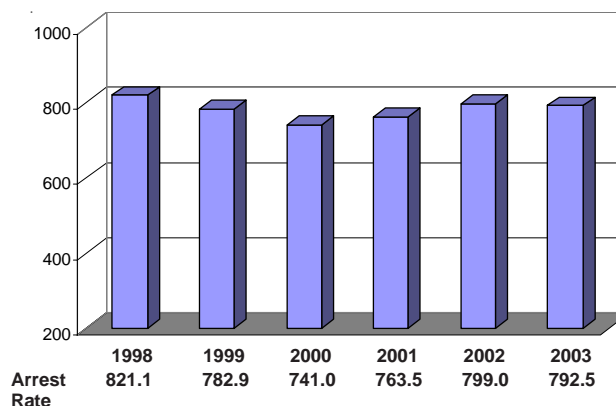


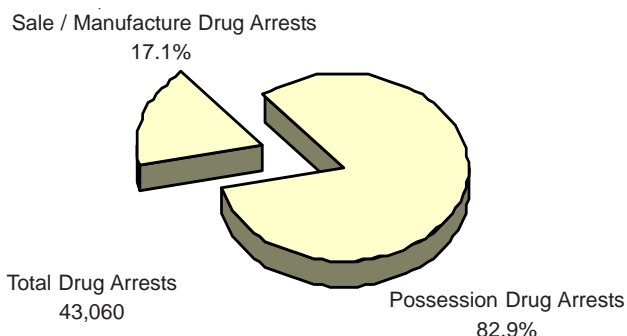
Figure 21
Rate Of Missouri Drug Offense Arrests
Per 100,000 Population
By Year



manufacture drug arrests made by law enforcement agencies is indicative of an abundant demand for illicit drugs.

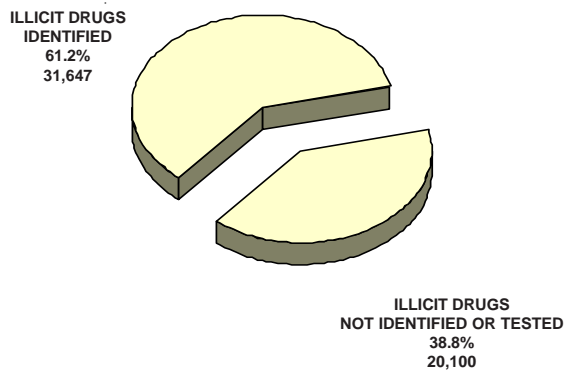
In 2003, 43,060 drug arrests were made by Missouri law enforcement agencies. Of these arrests, 35,688, or 82.9%, were for drug possession. Another 7,372 arrests (17.1%) were for sale or manufacture of drugs (Figure 22).

Figure 22
Missouri Drug Arrests By Arrest Type
2003



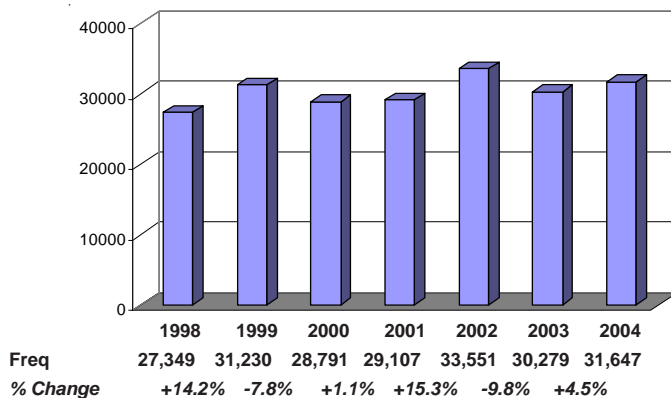
To support drug enforcement by the criminal justice system, a substantial number of cases processed by crime laboratories in Missouri test to identify illicit drugs. An analysis of cases processed by Missouri crime laboratories identifies what proportion of their case load resulted in detection of illicit drugs. In Fiscal Year 2004, 51,747 cases were processed in fourteen crime laboratories in the State. Of these cases, 61.2% resulted in detection of one or more illicit drugs. In 38.8% of the cases, no tests were made for illicit drugs or, if tests for illicit drugs were performed, none were found (Figure 23).

Figure 23
Cases Processed By
Missouri Crime Laboratories
By Illicit Drug Status
FY 2004



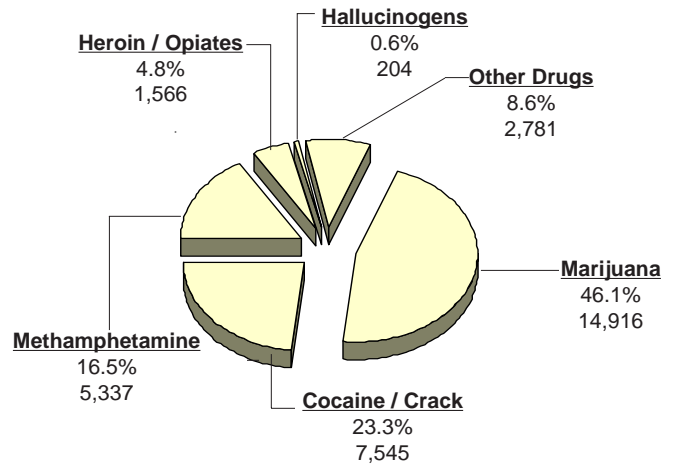
There has been an increase in illicit drug case loads processed by Missouri crime laboratories over the past few years. A significant increase of crime laboratory cases with identified illicit drugs occurred from 1998 to 1999. The number of cases with identified illicit drugs then decreased in 2000 and stabilized in 2001. Another significant increase of 15.3% in cases with identified illicit drugs occurred in 2002 compared to 2001 (Figure 24).

Figure 24
Cases Processed By Missouri Crime Laboratories
With Identified Illicit Drugs
By Fiscal Year



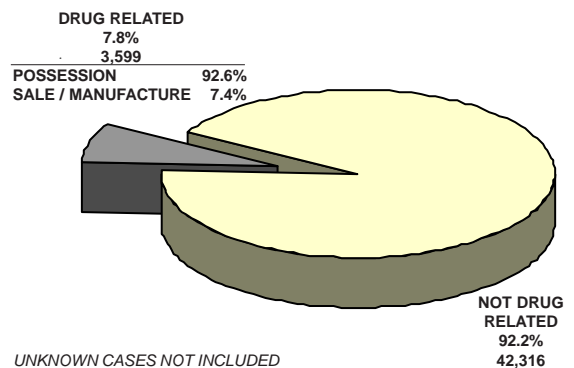
In Fiscal Year 2004, a total of 32,349 drug mentions were made in the 31,647 crime laboratory cases which resulted in detection of one or more illicit drugs. Of the illicit drug mentions, marijuana was the most frequent accounting for 46.1% of the total mentions (Figure 25). The next most frequently mentioned illicit drug was cocaine / crack (23.3%), followed by methamphetamine (16.5%).

Figure 25
Illicit Drugs Identified In Missouri Crime Laboratory Cases
By Illicit Drug Type
FY 2004



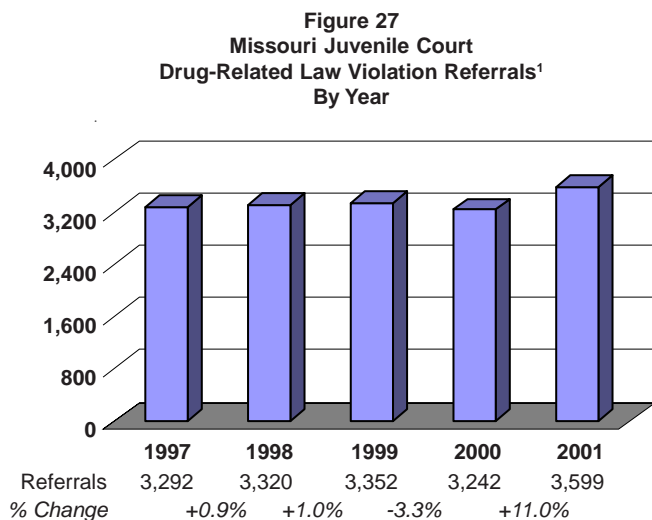
Youth involvement with drugs is a substantial problem for Missouri's juvenile justice system. Using the Juvenile Court Referral Information System, an analysis was completed on youth who committed law violations, were referred to juvenile court, and received a final disposition within a given year. In 2001, the Missouri juvenile justice court system disposed of 45,915 cases in which a youth committed a law violation. A dangerous drug violation was associated with 3,599 or 7.8% of the cases where the type of violation was known. In analyzing the specific type of dangerous drug law violation, 92.6% of the referrals were associated with possession of dangerous drugs and 7.4% were related to sale and distribution (Figure 26). It is assumed the majority of dangerous drug possession cases involve drug users rather than nonusers participating in the illicit drug industry.

Figure 26
Missouri Juvenile Court
2001 Law Violation Referrals¹
Case Drug Status



¹ Referrals are cases disposed of by courts in a given year.

Since 2003, dangerous drug referrals handled by the Missouri juvenile court system have slowly increased. The number of 1998 juvenile dangerous drug referrals increased by 0.9% compared to 1997 and the number of 1999 cases increased by 1.0% compared to 1998. In 2000, referrals slightly decreased by 3.3% compared to 1999. In 2001, the number of juvenile dangerous drug referrals rose to 3,599, an increase of 11.0% from 2000 (Figure 27).



¹ Referrals are cases disposed of by courts in a given year.

One of the most severe sanctions society can impose on illicit drug users and illicit drug industry law violators convicted of such offenses is incarceration in prison. To assess the impact drug law violators have on State penal institutions, an analysis was conducted using data from the Department of Corrections, Offender Management Information System (OMIS).

In Missouri, a substantial amount of State penal institutions' resources and facilities have been devoted to incarcerating drug law violators. Of all clients entering DOC custody in 2003, over one-third (34.4%) were incarcerated as a result of being convicted on one or more drug law violations (Figure 28).

When examining trends associated with incarcerating drug law violators, there was an increase (14.5%) in this type of client entering the State system in 1999 compared to 1998. Between 1999 and 2000, a decrease of 19.2% in the number of clients entering DOC custody for drug law violations occurred. In 2001, client numbers showed another increase of

6.8% compared to 2000. In 2002, the number of clients entering DOC custody for drug violations again increased significantly (18.3%) and in 2003 (+6.7%) (Figure 29).

Figure 28
Clients Entering Department Of Corrections Custody
Drug Sentencing Status
2003

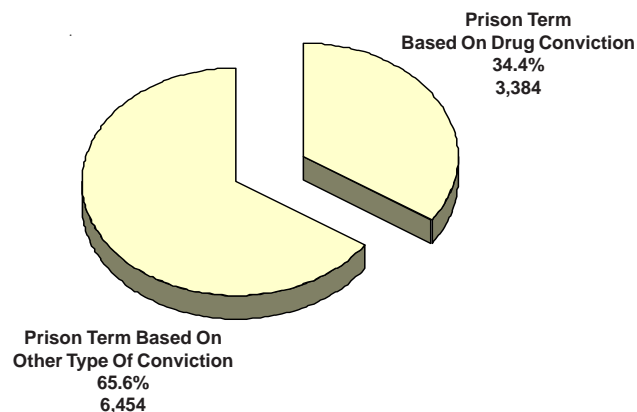
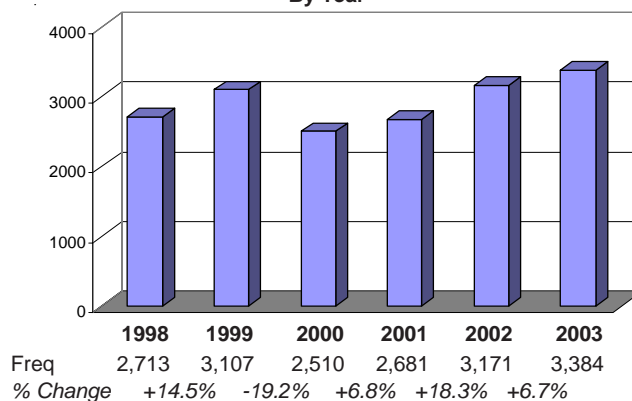


Figure 29
Clients Sentenced For Drug Violations
Entering Department Of Corrections Custody
By Year

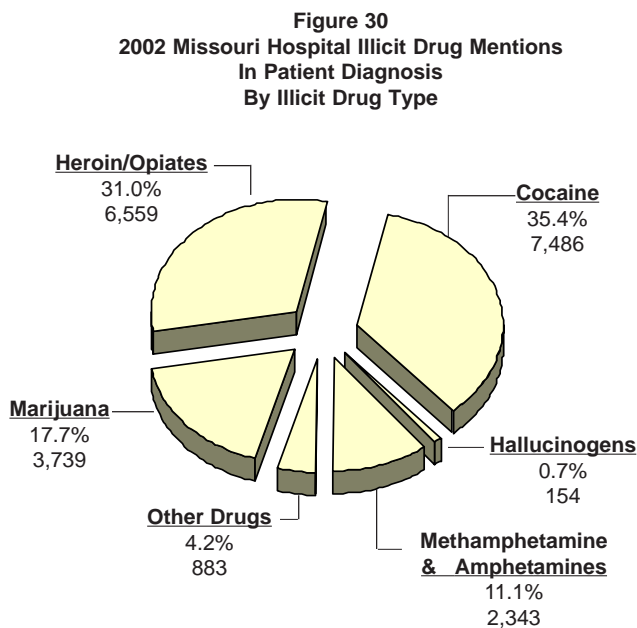


There are definite links between illicit drug use and other types of criminal behavior. In 2002, a study was conducted by the U.S. Department of Justice, Bureau of Justice Statistics in which inmates of local jails were surveyed. Of all jail inmates, 68.7% stated they had used drugs at least once a week for at least a month. Of all convicted jail inmates, 82.2% indicated they had used drugs at least once in their lifetime. Additionally, 28.8% of convicted jail inmates indicated they were under the influence of drugs at the time of their arrest offense. The most serious offense committed by 43.2% of convicted inmates was a drug offense, 32.5% was a property crime, and 21.8% was a violent crime.

Health Care System

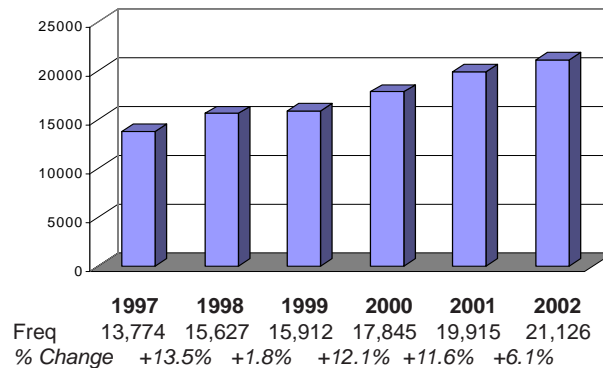
In many cases, illicit drug use results in adverse physical and psychological reactions causing the person to require medical treatment. A substantial amount of medical attention and resources are expended in Missouri treating individuals for illicit drug use. Data were acquired from the Department of Health's Patient Abstract System. In this information system, State-licensed hospitals, the University of Missouri Medical Center, and a number of other hospitals report all inpatients and certain classes of outpatients treated at their facilities.

Of all illicit drug mentions in 2002, the most frequent was cocaine / crack accounting for 35.4% of the total. The next most frequently mentioned illicit drugs were heroin / opiates (31.0%), marijuana (17.7%), methamphetamine and amphetamines (11.1%), and hallucinogens (0.7%). Other types of illicit drugs accounted for 4.2% of the total (Figure 30).



An analysis was conducted on patients treated at these facilities where illicit drug use was a factor in their diagnosis. There were 15,627 illicit drug mentions in patients' diagnosis in 1998 which was a 13.5% increase compared to the number of illicit drug mentions in 1997. In 1999, there were 15,912 mentions, an increase of 1.8% over 1998 mentions. There were 17,845 illicit drug mentions in 2000, an increase of 12.1%. In 2001 mentions rose to 19,915, an increase of 11.6% (Figure 31).

Figure 31
Missouri Hospital Illicit Drug Mentions
In Patient Diagnosis
By Year



Over time, drug dependency tends to impair the user's psychological well-being, adversely affects their interpersonal relationships, and dramatically reduces their ability to function as productive members of society. There are 58 State-supported treatment facilities throughout Missouri with programs designed to assist individuals break their cycle of drug dependency and, hopefully, establish psychological and social stability in their lives. In addition, a number of private institutions in the State provide similar types of programs. All State-supported programs treat persons having dependencies on alcohol, other legal drugs, and illicit drugs. In some cases, the individual may be dependent on more than one type of drug.

Certain types of illicit drug ingestion practices cause life threatening consequences to the drug abuser as well as other people they come in contact with. The intravenous injection of illicit drugs is one way HIV and AIDS are transmitted as well as a number of other serious diseases, such as hepatitis. During 2003, 762 AIDS cases and 422 HIV cases were diagnosed in Missouri where intravenous drug use was suspected as the primary means of infection (Figure 32). Another 844 AIDS cases and 264 HIV cases were diagnosed involving both male homosexual activity and drug use via injection (Figure 33). In these instances, intravenous drug use was one of two suspected means of infection. Missouri had 1,606 AIDS cases and 686 HIV cases where illicit drug abuse, no doubt, played a significant role in spreading this deadly disease in 2003.

There also have been serious indirect consequences resulting from the spread of HIV and AIDS through

Figure 32
HIV / AIDS Cases Contracted By IV Drug Use
By Year

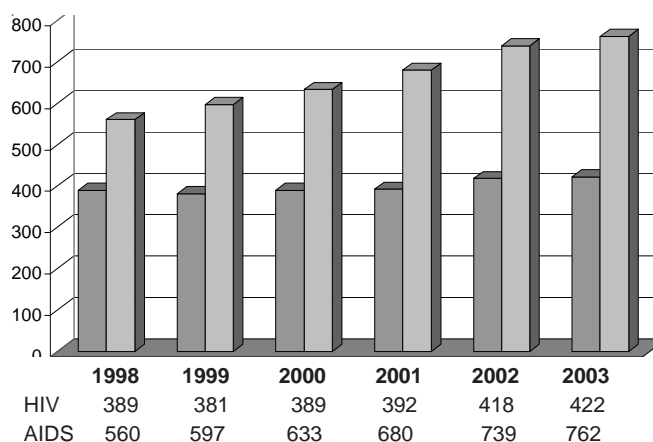
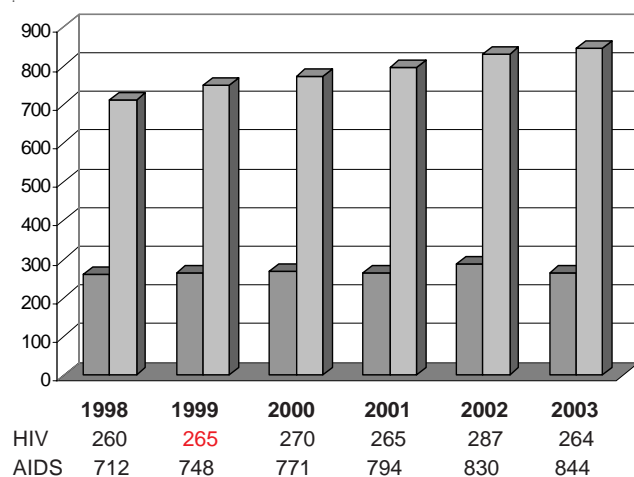


Figure 33
HIV / AIDS Cases Contracted By Homosexual IV Drug Use
By Year



the intravenous use of illicit drugs. A substantial number of women and young men support their illicit drug habits through prostitution. When these persons contract HIV / AIDS through intravenous drug use, they transmit the disease to numerous sex partners they come in contact with. Sexual contact is another way this deadly disease is transmitted. In addition, a number of infected drug dealers who also are intravenous drug users frequently transmit the HIV virus. Persons come to them to acquire drugs and, rather than use money to obtain them, provide them with sexual favors.

ILLICIT DRUG INDUSTRY IN MISSOURI

Missouri has a substantial illicit drug industry. It not only supports the illicit drug using population in the State, but also is involved in exporting and distributing illicit drugs on an interstate basis. Illicit drug industries involve manufacturing, cultivating, distributing, and marketing illicit drugs. In Missouri, a number of specific industries have been identified and will be discussed in this section. These are: marijuana cultivation; methamphetamine clandestine labs; interstate illicit drug distribution trafficking; and distribution / point-of-sale illicit drug trafficking.

A variety of data sources were used to assess Missouri's drug industries. Reliance was placed on existing law enforcement arrest and illicit drug activity information systems and quarterly program monitor reports. Published reports from federal and state law enforcement agencies describing various aspects of Missouri's illicit drug industries were utilized. In addition, results of a drug industry profile survey sent to multi-jurisdictional drug task forces were used in this analysis.

Marijuana Cultivation

Several varieties of marijuana are grown in Missouri for commercial use. A substantial amount of marijuana, known as "ditchweed" or "volunteer", grows wild in the State. These wild patches are harvested as opportunity presents itself. Normally, wild marijuana has relatively low THC levels and is not extremely potent. A number of trafficking groups operating outside the harvest area purchase or harvest wild marijuana and use it to "cut" more potent varieties of the plant they are marketing. Wild marijuana is associated only with outside growing operations.

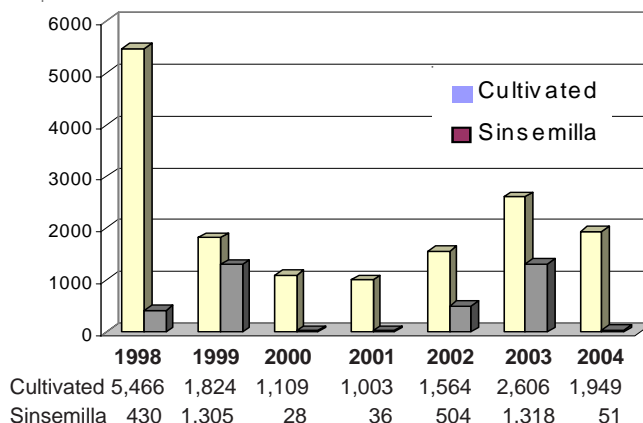
The second type is known as "cultivated" marijuana. This type is intentionally planted, cultivated, and harvested. Both male and female marijuana plants are grown to maturity and allowed to pollinate. This variety contains moderate levels of THC and is considered fairly potent.

The third type of marijuana is "sinsemilla". This type also is planted, cultivated, and harvested. As part of the cultivation process, male plants are pulled from the patch when they start to mature. As a result, female plants are unable to pollinate and their THC

levels dramatically increase. This type of plant is considered very potent and is in high demand. The cultivation of sinsemilla is associated with both outside and inside operations. As far as inside operations are concerned, it is the predominant variety grown.

Production of both cultivated and sinsemilla marijuana has fluctuated in Missouri during the past several years. In 1998, a total of 5,466 cultivated marijuana plants were destroyed by multi-jurisdictional drug task forces (MJTF). Since that year, the number of destroyed cultivated plants has declined. In 2004, 1,949 cultivated plants were eradicated. Generally, few sinsemilla plants are destroyed by MJTF. But, in 1999, 1,305 sinsemilla plants were destroyed and in 2003, 1,318 sinsemilla plants were eradicated (Figure 34). Other MJTF data suggest this industry impacts all MSAs. Analyses of Fiscal Year 2004 Byrne Grant program monitor reports indicate marijuana cultivation is more common in rural parts of the State than urban. Multi-jurisdictional drug task forces in Non-MSAs eradicated 5,125 ounces of cultivated marijuana, 1,212 cultivated plants, and 18 sinsemilla plants. By comparison, MJTFs in large MSAs (St. Louis and Kansas City) eradicated 18 ounces of cultivated marijuana, 443 cultivated plants, and 18 sinsemilla plants. In small MSAs during this same time frame, MJTFs destroyed 0 ounces of cultivated marijuana, 312 cultivated plants, and 15 sinsemilla plants.

Figure 34
Eradication Of Cultivated And Sinsemilla Marijuana Plants
By Multi-jurisdictional Drug Task Forces
Fiscal Year 1998 - 2004



Multi-jurisdictional drug task forces were asked to submit profiles on drug industries that were major or moderate problems in their jurisdiction. Nineteen MJTF responded to the survey. Of these, thirteen (68.4%) multi-jurisdictional task forces indicated marijuana cultivation was either a major or moderate problem (Figure 35). Of the thirteen task forces reporting marijuana cultivation as a major or moderate problem, 76.9% indicated marijuana is grown both indoors and outdoors in their jurisdictional area and 23.1% indicated it was grown only outdoors (Figure 36).

Figure 35
Seriousness Of Marijuana Cultivation
As Perceived By Multi-Jurisdictional Drug Task Forces

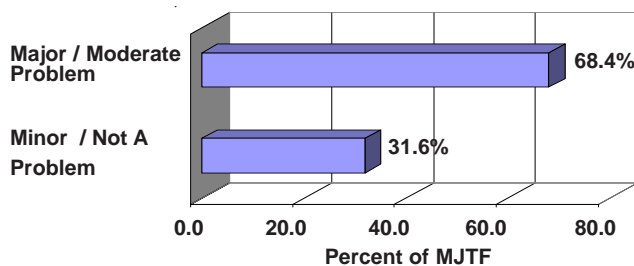
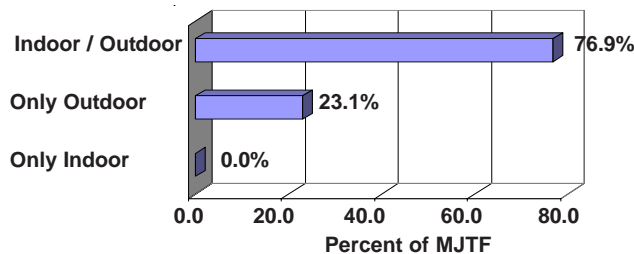


Figure 36
Type Of Marijuana Cultivation
As Perceived By Multi-Jurisdictional Drug Task Forces



Of the multi-jurisdictional drug task forces indicating marijuana is cultivated outdoors in their jurisdictions, 76.9% reported marijuana is grown in rural fields, 69.2% reported it is grown on farmland, and 69.2% reported its growth along rivers or streams (Figure 37). Other outdoor cultivation locations reported by these task forces include government forests (30.8%), along railroad lines (7.7%), and along roadsides (7.7%). Of the MJTFs indicating marijuana is cultivated indoors in their jurisdictions, 76.9% stated it is grown in residences and 30.8% indicated it is grown inside barns (Figure 38). Garages are another commonly used indoor cultivation area noted by 15.4% of the MJTFs.

Figure 37
Location Of Outdoor Marijuana Cultivation
As Perceived By Multi-Jurisdictional Drug Task Forces

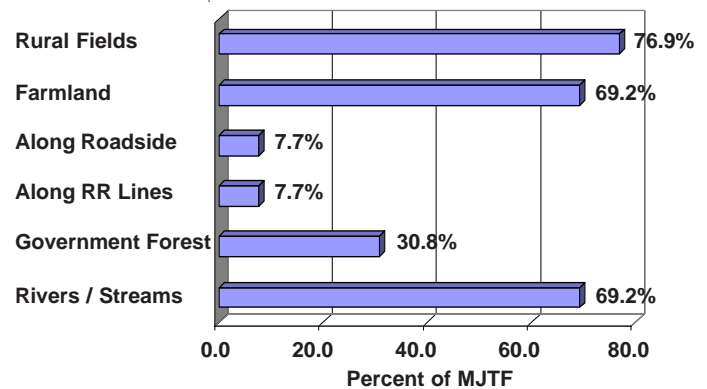
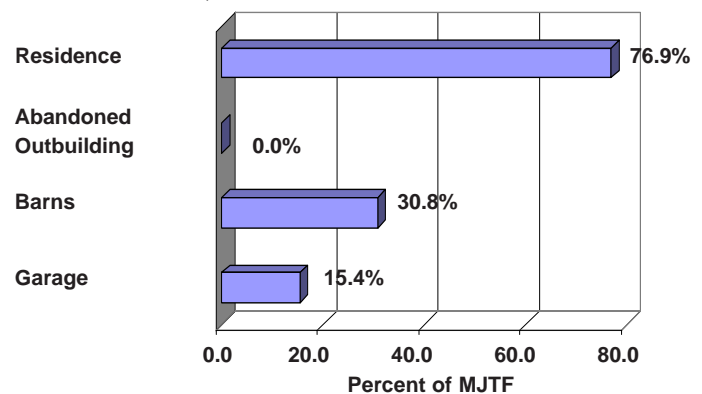


Figure 38
Location Of Indoor Marijuana Cultivation
As Perceived By Multi-Jurisdictional Drug Task Forces



MJTF survey responses indicate marijuana is cultivated predominantly by white males between the ages of 26-35. Of the MJTF indicating marijuana cultivation is a major or moderate problem, 84.6% indicated males were involved in this industry, 93.3% indicated whites were involved, and 42.5% indicated persons aged 26 through 35 were involved (Figure 39).

The organization level of marijuana cultivation industry is characterized as mostly no organization to loosely organized. Of those MJTFs indicating marijuana cultivation is a major or moderate problem, 46.2% indicated this industry is unorganized (Figure 40). Another 23.1% of surveyed MJTFs indicated marijuana cultivation is loosely organized and 15.4% indicated this industry is poorly organized. The surveyed MJTFs also indicated gang activity is not associated with marijuana cultivation in Missouri.

Figure 39
Demographic Characteristics Of Persons
Involved In Marijuana Cultivation
As Perceived By Multi-Jurisdictional Drug Task Forces

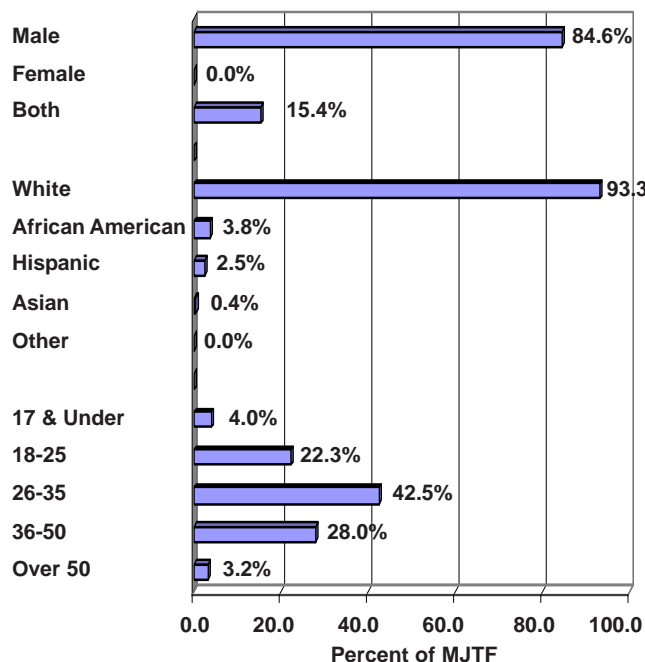
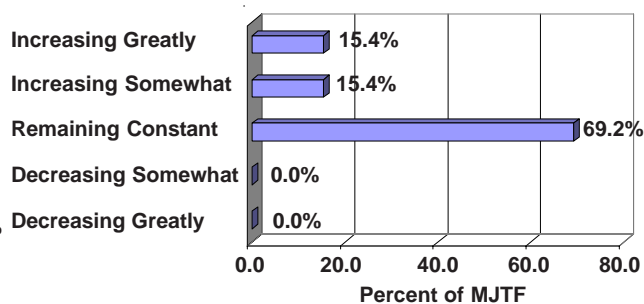
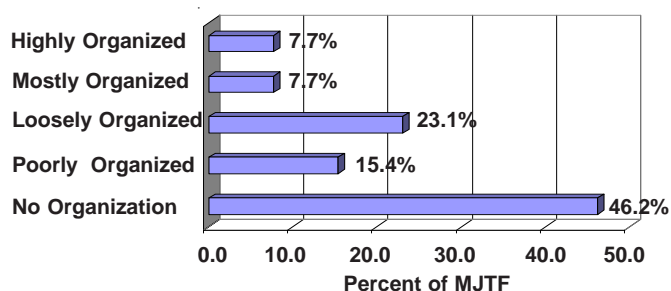


Figure 41
Trends Of Marijuana Cultivation Industry
As Perceived By Multi-Jurisdictional Drug Task Forces



manufacturing in Missouri. The adoption of new processing methods has, no doubt, played a significant role in this increase. The following discussion of these methods was paraphrased from NDIC publications. Five methods are typically used to produce methamphetamine in clandestine laboratories. Four of these methods involve chemical reduction of ephedrine / pseudoephedrine but use different precursor chemicals. Mexican methamphetamine trafficking organizations typically utilize hydriodic acid and red phosphorous to reduce ephedrine / pseudoephedrine. When hydriodic acid supplies are limited, high quality dextro (d-) methamphetamine is produced using iodine in its place. The "Hypo" method also uses iodine but with hypophosphorous acid in place of red phosphorous. This method is particularly dangerous, many time resulting in fires and explosions due to the volatility of phosphine gas produced during the reduction process. The "Nazi" or "Birch" method utilizes anhydrous ammonia and sodium or lithium metal to reduce ephedrine or pseudoephedrine to produce high grade d-methamphetamine. This method can yield a finished product in two hours and requires no sophisticated equipment and many of the ingredients do not arouse suspicion when purchased in small quantities. The "P2P" is the one method of methamphetamine production that does not involve ephedrine / pseudoephedrine reduction. Rather, principal chemicals include phenyl-2-propanone, aluminum, methylamine, and mercuric acid and the method yields low quality dl-methamphetamine. This method has been most commonly utilized by outlaw motorcycle gangs.

Figure 40
Organization Levels Associated With Marijuana Cultivation
As Perceived By Multi-Jurisdictional Drug Task Forces



Overall, the marijuana cultivation industry in Missouri is remaining constant. Of the MJTFs indicating this industry is a major or moderate problem, 69.2% indicated the extent of industry is not changing (Figure 41). However, several MJTFs indicated the industry is decreasing somewhat (15.4%) while several identified it as greatly increasing (15.4%).

Methamphetamine Clandestine Laboratories

Over the past few years, there has been a significant increase in methamphetamine clandestine laboratory

Threats posed by methamphetamine exceed those presented to users of this drug. In the production of methamphetamine, fire and explosion hazards typically occur due to the flammability of precursor chemicals. Environmental hazards occur as a result

of improper storage or disposal of precursor chemicals in rivers, fields, and forests. Because clandestine laboratories are commonly constructed in private residences, exposure to toxic precursor chemicals can impact the health of family members of methamphetamine cooks.

Nationally, methamphetamine clandestine laboratories are widely found throughout the Pacific, Southwest, and Central (including Missouri) regions of the country. Powdered methamphetamine is the most commonly found form although crystal methamphetamine, known as ice, is increasing in the Kansas City area.

From analyses based on multi-jurisdictional drug task force program monitor reports, it is apparent a substantial portion of this industry is centered in Non-MSA regions of the State and in large, urban MSAs. During Fiscal Year 2004, 1,432 clandestine methamphetamine laboratories were destroyed by multi-jurisdictional drug task forces in Missouri. Of these, 50.0% were destroyed in Non-MSA regions. Another 28.3% of the clandestine methamphetamine labs were destroyed in the St. Louis MSA and 1.7% were destroyed in the Kansas City MSA. The Joplin MSA accounted for 14.1% of the total destroyed clandestine methamphetamine labs, followed by Springfield MSA (3.7%), St. Joseph MSA (2.2%), and Columbia MSA (1.0%).

A total of 2,860 methamphetamine clandestine laboratory seizures or dump sites of chemicals, equipment, or glassware were reported to EPIC in 2003. Figure 42 identifies the areas where most seizures occurred. There has been a high concentration of methamphetamine laboratory seizures in the southeast portion of the State as well as in the St. Louis area.

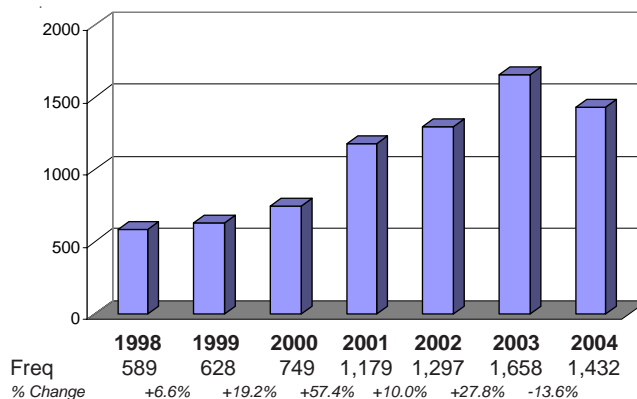
The number of methamphetamine clandestine laboratories seized by the statewide multi-jurisdictional drug task forces increased significantly from 2000 to 2001 (57.4%) and continued to rise through 2003. However, the growth trend in methamphetamine lab seizures was reversed in 2004 when the number of labs seized decreased 13.6% from 2003 (Figure 43).

An examination of Missouri Crime Laboratory case processing data also indicates the methamphetamine manufacturing industry has increased in the State

Figure 42
Clandestine Methamphetamine Laboratory Seizures
By County And MSHP Troop
2003



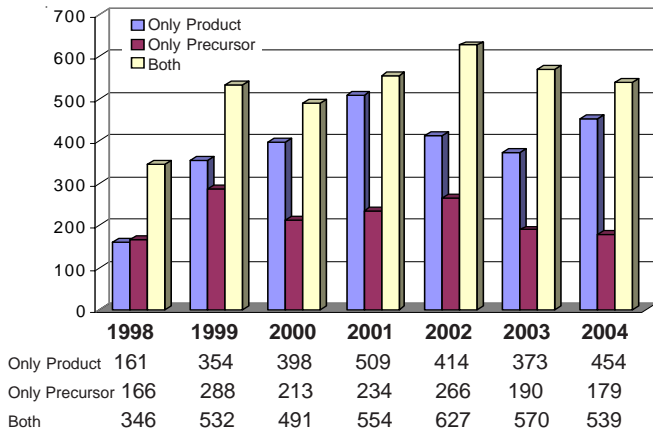
Figure 43
Clandestine Methamphetamine Laboratories Seized
By Multi-jurisdictional Drug Task Forces
FY 1998 To FY 2004



over the past few years. In Fiscal Year 2003, Missouri crime laboratories processed 1,133 clandestine lab cases in which either methamphetamine final product, methamphetamine precursor chemicals, or both final product and precursor chemicals were detected (Figure 44). In Fiscal Year 2004, Missouri crime laboratories processed 1,172 clandestine lab cases in which either methamphetamine final product, methamphetamine precursor chemicals, or both final product and precursor chemicals were detected. This is an increase of 3.4% from the previous year.

In a recent survey, multi-jurisdictional drug task forces were asked a series of questions regarding the

Figure 44
Cases With Methamphetamine Products And Precursors
Detected By Missouri Crime Laboratories
By Fiscal Year



nature and extent of clandestine methamphetamine laboratories in their areas. All nineteen of the responding MJTFs, indicated this industry was a major or moderate problem in their jurisdictions (Figure 45). In addition, 78.9% indicated methamphetamine labs are found both indoors and outdoors (Figure 46). Another 21.1% of those responding indicated only indoor clandestine methamphetamine labs are found.

Figure 45
Seriousness Of Methamphetamine Laboratories
As Perceived By Multi-Jurisdictional Drug Task Forces

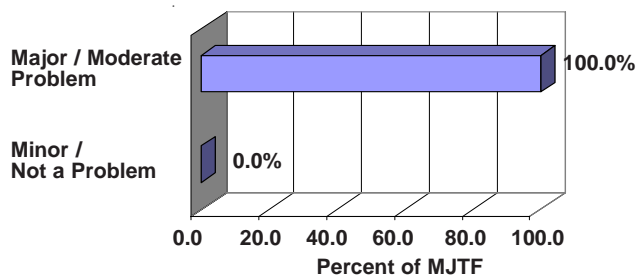
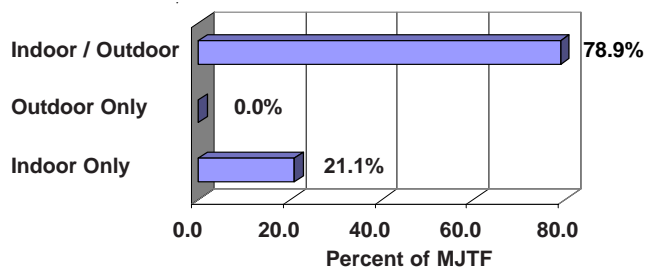


Figure 46
Locations Of Clandestine Methamphetamine Laboratories
As Perceived By Multi-Jurisdictional Drug Task Forces



Several outdoor and indoor locations for methamphetamine laboratories were noted by the responding MJTFs. Of those MJTFs indicating methamphetamine labs are found outdoors, 73.7% indicated vehicles are most commonly used (Figure 47). This was followed by wooded areas (63.2%), farmland (57.9%) and along gravel roads (47.4%). Of the MJTF's indicating methamphetamine labs are found indoors, 94.7% indicated homes are the most common location used (Figure 48). Homes are followed by garages (84.2%), hotels / motels (68.4%), barns / outbuildings (63.2%), and abandoned buildings (57.9%).

Figure 47
Outdoor Locations Used For Clandestine
Methamphetamine Laboratories
As Perceived By Multi-Jurisdictional Drug Task Forces

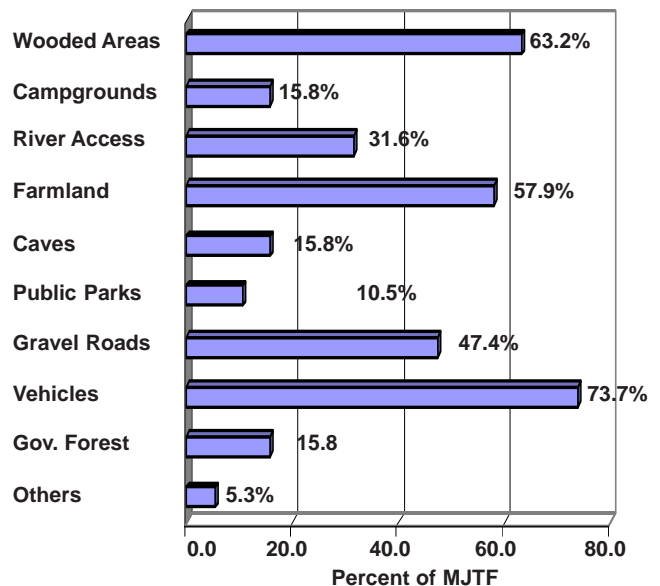
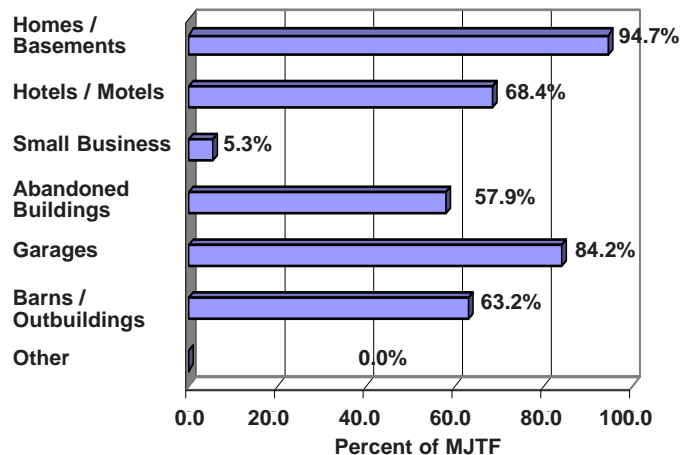


Figure 48
Indoor Locations Used For
Clandestine Methamphetamine Laboratories
As Perceived By Multi-Jurisdictional Drug Task Forces



Task forces indicated participants in this industry do not have a preferred method of processing methamphetamine in clandestine laboratories. Of the MJTFs indicating clandestine methamphetamine laboratories are a serious or moderate problem in their jurisdictions, 47.4% indicated both ephedrine reduction and the Nazi method are used to process the illicit drug (Figure 49). Another 26.3% indicated the Nazi method and, to a lesser extent, ephedrine reduction are used. 15.8% indicated ephedrine reduction and some Nazi method are used. 5.3% indicated ephedrine reduction only and 5.3% indicated the Nazi method only.

In the survey, MJTFs also were asked what types of precursor chemicals are used in clandestine methamphetamine laboratories in their jurisdictions. Of the

respondents indicating this industry is a major or moderate problem in their area, all indicated ether, camping fuels, and cold capsules are most commonly used to process the drug (Figure 50).

The sources of precursor chemicals used to process methamphetamine in clandestine laboratories varies. Of the MJTFs indicating this industry is a major or moderate problem in their jurisdictions, 89.5% indicated retail stores are a source of precursor chemicals (Figure 51). This source is followed by drug stores (73.7%), and convenience stores (68.4%). The source of anhydrous ammonia was specifically queried from the MJTFs. Of those task forces

Figure 49
Methamphetamine Processing Methods
Used In Clandestine Laboratories
As Perceived By Multi-Jurisdictional Drug Task Forces

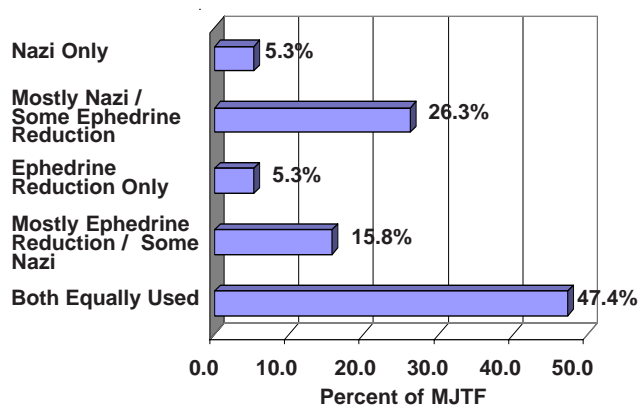


Figure 50
Precursor Chemicals Used In
Clandestine Methamphetamine Laboratories
As Perceived By Multi-Jurisdictional Drug Task Forces

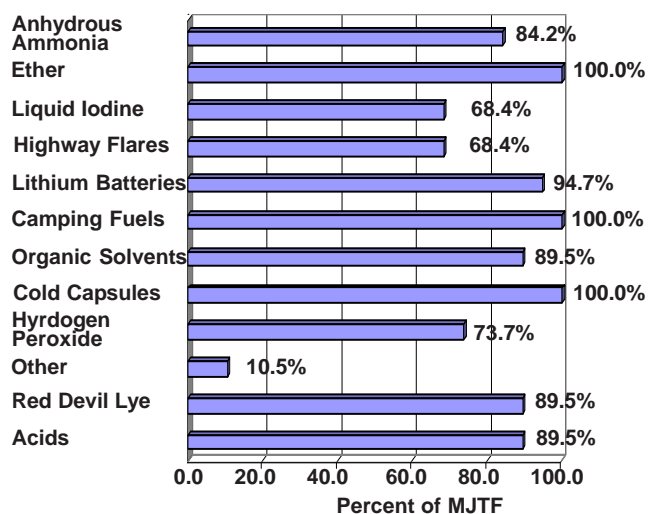


Figure 51
Sources Of Precursor Chemicals Used In
Clandestine Methamphetamine Laboratories
As Perceived By Multi-Jurisdictional Drug Task Forces

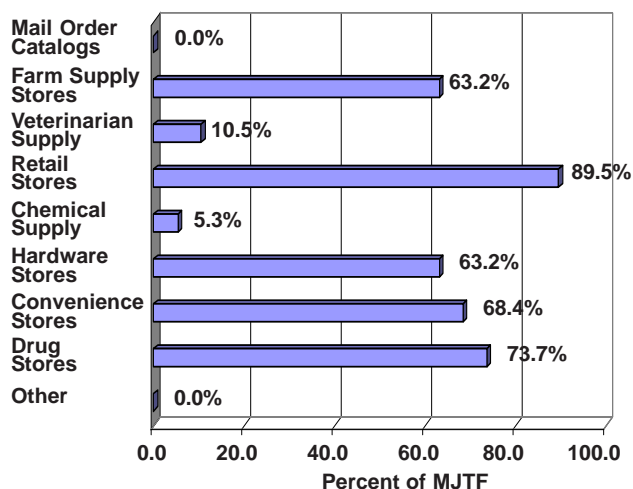
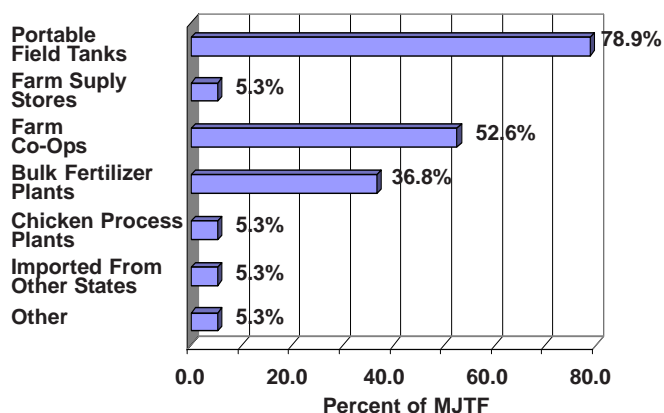
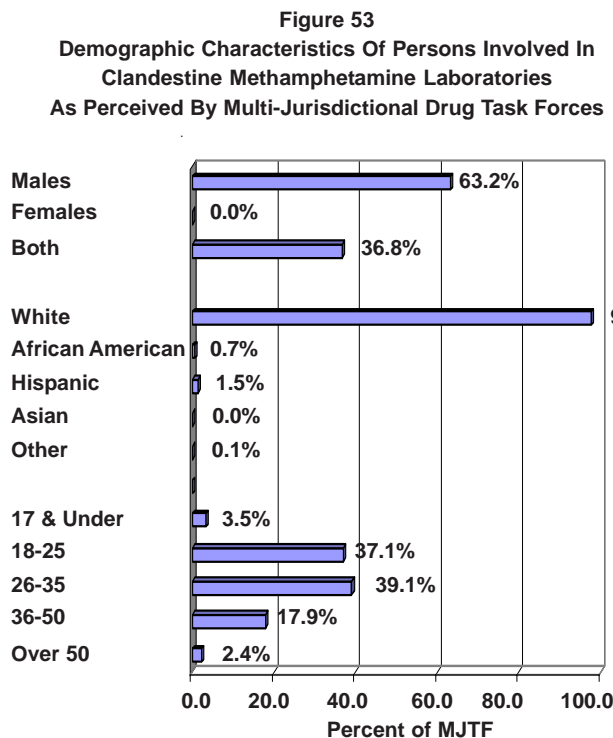


Figure 52
Sources Of Anhydrous Ammonia Used In
Clandestine Methamphetamine Laboratories
As Perceived by Multi-Jurisdictional Drug Task Forces



indicating clandestine methamphetamine laboratories are a major or moderate problem, over two-thirds (78.9%) indicated anhydrous ammonia is obtained from portable field tanks (Figure 52). MJTFs also indicated anhydrous ammonia is obtained from farm co-ops (52.6%) and bulk fertilizer plants (36.8%).

Persons involved in producing methamphetamine in clandestine laboratories are predominately white males between the ages of 18 and 35. Of the MJTFs indicating this industry is a major or moderate problem in their jurisdictions, 63.2% indicated participants are male, 97.7% indicated participants are white, and 76.2% indicated their ages range from 18 through 35 (Figure 53). Persons in this industry are somewhat organized and may share processing techniques or equipment. Of the respondent MJTFs, 63.2% indicated participants in this industry are loosely organized and 21.1% indicated they are mostly to highly organized (Figure 54). No MJTFs indicated gang activity is associated with clandestine methamphetamine laboratories.



The clandestine methamphetamine laboratory industry continues to expand in the State. Of the MJTFs indicating this industry is a major or moderate problem in their jurisdictions, 52.7% indicated it is greatly increasing or increasing somewhat (Figure

55). Almost one-half of the MJTF (42.1%) indicated this industry's growth is remaining constant their jurisdiction.

Figure 54
Organization Levels Associated With
Clandestine Methamphetamine Laboratories
As Perceived By Multi-Jurisdictional Drug Task Forces

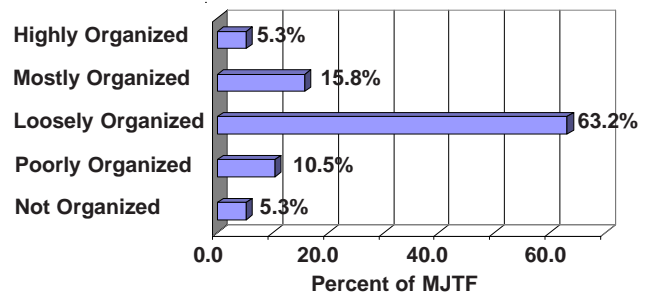
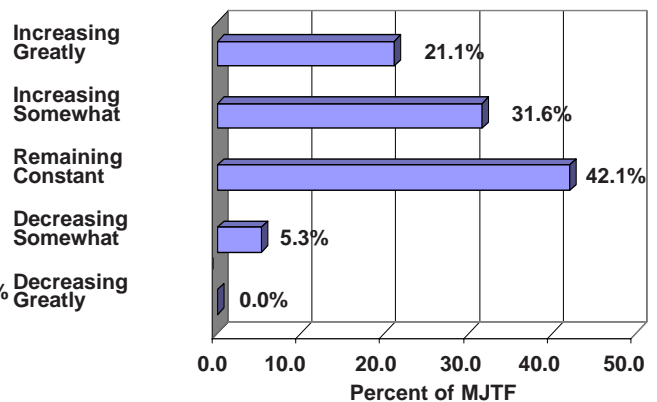


Figure 55
Trends Of Clandestine Methamphetamine Laboratory Industry
As Perceived By Multi-Jurisdictional Drug Task Forces

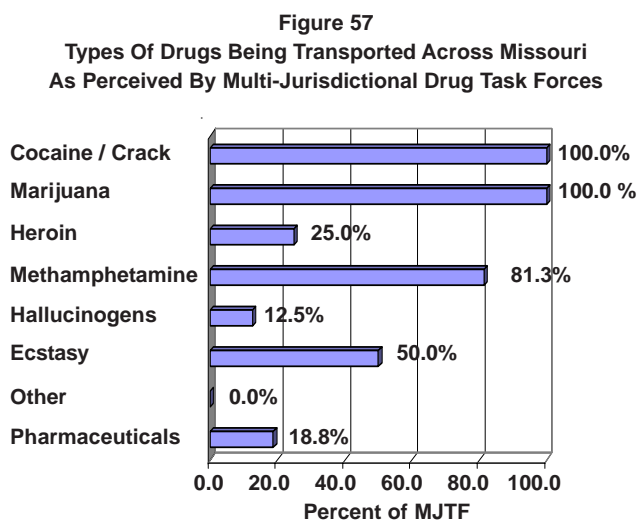
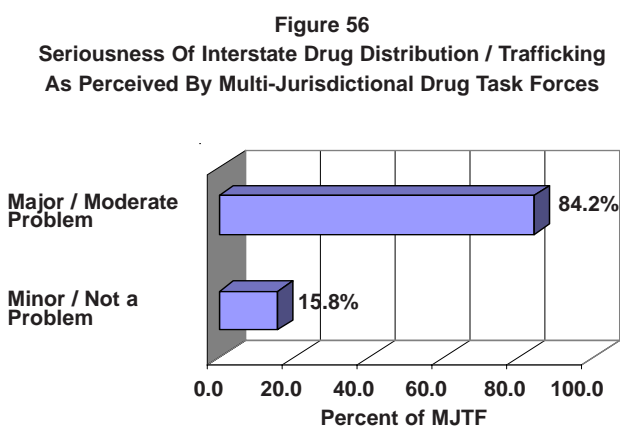


Missouri Interstate Distribution Trafficking

Missouri serves as a conduit for transportation of significant amounts of illicit drugs between out-state points of origin and destination. Missouri's central location in the nation and extensive interstate roadway system increases its likelihood of being involved in illicit interstate drug trafficking.

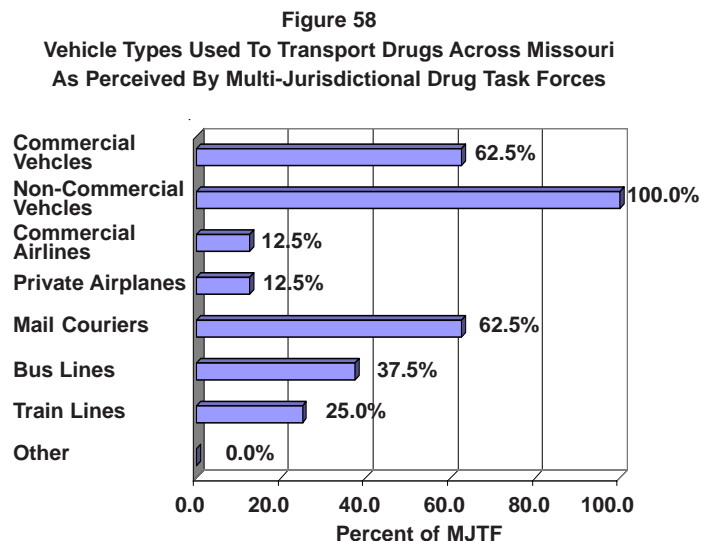
Different transportation methods are used to move illicit drugs through Missouri. Illicit drugs primarily are moved by land and air. Roadways are utilized for interstate drug trafficking more extensively than

other transportation systems. Both private individuals and commercial operators transport illicit drugs, sometimes knowingly and other times unknowingly. Of the nineteen multi-jurisdictional drug task forces surveyed, sixteen (84.2%) indicated interstate distribution / trafficking of drugs was a moderate or major problem (Figure 56). All of these MJTFs indicated both marijuana and cocaine / crack cocaine are being transported across Missouri (Figure 57). In addition, 81.3% of the MJTFs indicated methamphetamine is being transported across the State and 50.0% indicated ecstasy is being transported.



MJTFs were asked to identify vehicle types and transportation systems commonly used to transport illicit drugs across the State. Of the MJTFs indicating interstate drug distribution / trafficking is a major

or moderate problem, all indicated drugs are transported by noncommercial vehicles on interstate roadways (Figure 58). This vehicle type and transportation system was followed by commercial vehicles (62.5%) and mail couriers (62.5%), bus lines (37.5%), and train lines (25.0%).



Interstate drug distribution / trafficking is generally conducted by both males and females of most races and age groups. Of the MJTFs indicating this industry is a major or moderate problem, 50.0% indicated it involves only males and another 50% indicated it involves both males and females (Figure 59). In addition, 41.4% indicated whites are involved, followed by African Americans (28.7%), and Hispanics (28.3%). Of the responding MJTFs, 41.4% indicated persons aged 26 through 35 were most commonly involved in this industry. This age group was followed by persons aged 18 through 25 (30.4%) and those aged 36 through 50 (19.6%).

Interstate drug distribution is a loosely organized to organized industry. Of the MJTFs indicating interstate drug distribution is a major or moderate problem, the majority indicated this industry is organized more than other industries. Over one-half (53.3%) indicated the industry is organized, 13.3% indicated it is highly organized, and 26.7% indicated it is loosely organized (Figure 60).

The interstate drug distribution / trafficking industry is increasing. Of the MJTFs indicating this industry

Figure 59
Demographic Characteristics Of Persons Involved in
Interstate Drug Distribution / Trafficking
As Perceived By Multi-Jurisdictional Drug Task Forces

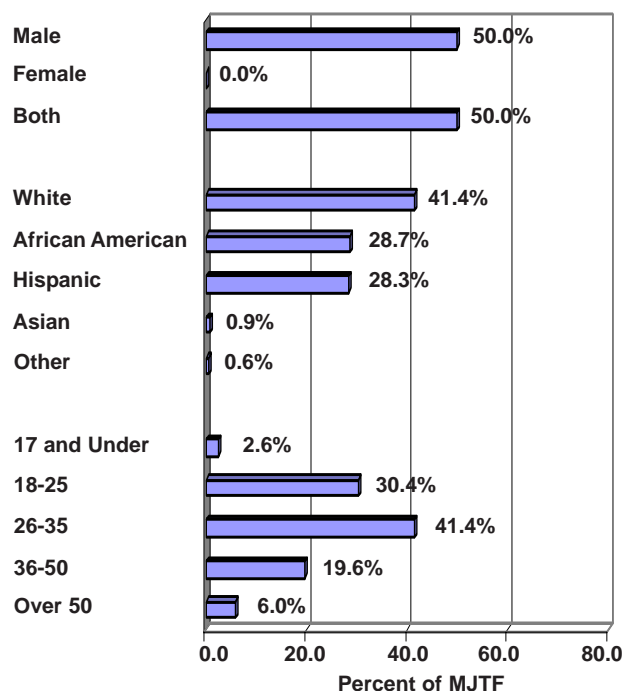
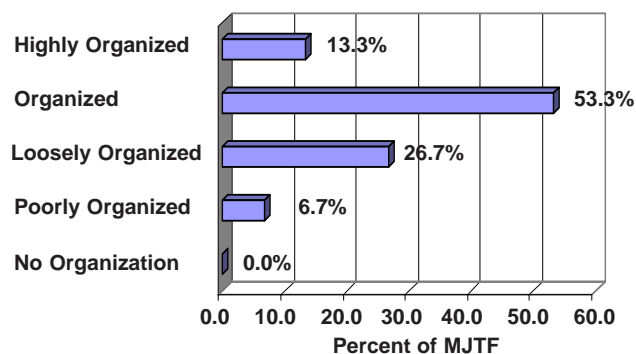


Figure 60
Organization Levels Associated With
Interstate Drug Distribution / Trafficking
As Perceived By Multi-Jurisdictional Drug Task Forces



is a major or moderate problem, 68.8% responded it is increasing somewhat or greatly (Figure 61). However, 31.3% of the MJTFs indicated interstate drug distribution / trafficking is remaining constant. The purity of drugs transported across the State is not changing or increasing slightly. Of the MJTFs indicating interstate drug distribution / trafficking is a major or moderate problem, 62.5% indicated purities

of transported drugs are remaining constant while 31.3% indicated purities are somewhat increasing or greatly increasing (Figure 62).

Figure 61
Trends Of Interstate Drug Distribution / Trafficking
As Perceived By Multi-Jurisdictional Drug Task Forces

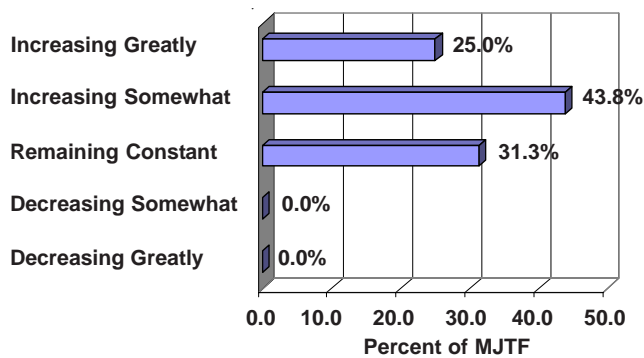
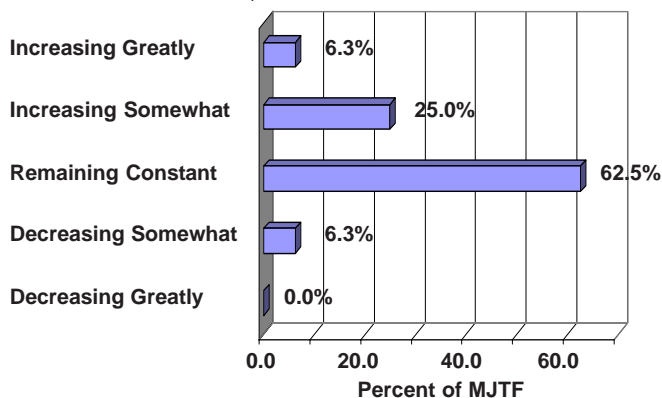


Figure 62
Purity Trends Of Drugs Transported Across Missouri
As Perceived By Multi-Jurisdictional Drug Task Forces



Distribution and Point-of-Sale Drug Trafficking

A large portion of Missouri's illicit drug industry is devoted to distributing and selling these products to individuals who intend to use them for their own consumption. Distribution and point-of-sale trafficking patterns vary depending on the type of illicit drug involved. Due to that fact, distribution and point-of-sale patterns for each major illicit drug used in Missouri are presented separately.

Marijuana

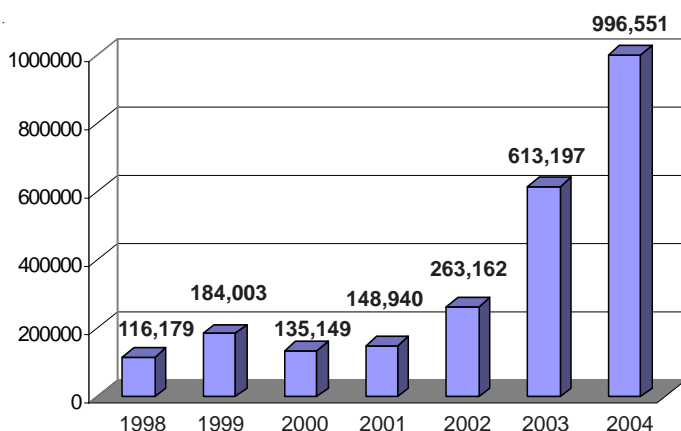
Marijuana is one of the most widely distributed and sold drugs in Missouri. According to DEA, locally

cultivated marijuana provides the bulk of the drug distributed and sold in the State. Most traffickers prefer to distribute and sell cultivated marijuana, especially sinsemilla, although they do distribute wild marijuana.

The National Drug Intelligence Center reports marijuana traffickers also distribute and sell bulk quantities of foreign marijuana, especially that grown in Mexico, Colombia, and Jamaica and transported from the southwestern United States. Mexican and Colombian marijuana entering southwestern U.S. cities (San Diego and Phoenix) is trafficked to Kansas City and on to other Missouri areas as well as Chicago to be distributed throughout the U.S. St. Louis is one destination city for Jamaican marijuana trafficked through Miami.

Analyses of marijuana quantities seized by multi-jurisdictional drug task forces indicate this industry is substantial but law enforcement efforts to remove the drug available are increasing dramatically (Figure 63). In Fiscal Year 2003, 613,197 ounces of marijuana were seized compared to 263,162 ounces in Fiscal Year 2002. This is an increase of 133%. In Fiscal Year 2004, 996,551 ounces of marijuana were seized which is an increase 62.5% from the previous year.

Figure 63
Ounces Of Marijuana Seized By
Multi-Jurisdictional Drug Task Forces
FY1998 Through FY2004

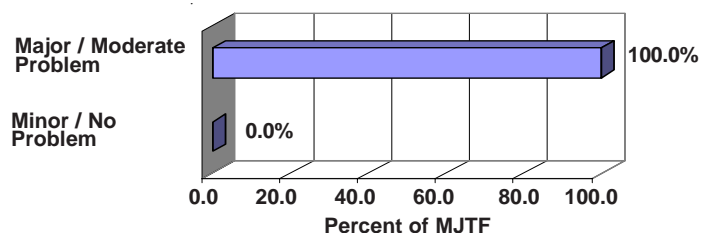


A regional analysis of multi-jurisdictional task force program monitor reports indicates marijuana distribution and point-of-sale trafficking occurs in all regions of Missouri. Sale of marijuana charges accounted for 24.7% of all sale charges filed in

arrests made by task forces in the Columbia MSA, 21.4% of all sale charges filed in the St. Louis MSA, and 21.1% of all sale charges filed in Non-MSA counties. The Springfield / Joplin MSA and St. Joseph MSA were ranked next, where 15.9% of all sale charges filed by task forces in these areas were for sale of marijuana. This was followed by the Kansas City MSA (14.1%).

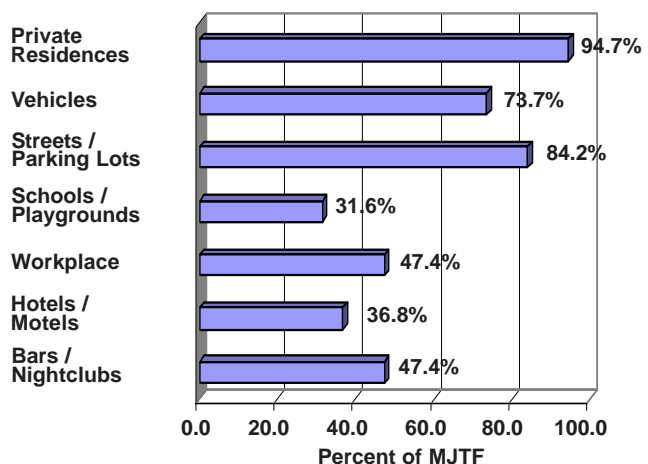
Point-of-sale marijuana is a major or moderate problem throughout Missouri. Of the nineteen multi-jurisdictional drug task forces responding to an industry profile survey, all indicated marijuana distribution and point-of-sale was a major or moderate problem in their jurisdictions (Figure 64).

Figure 64
Seriousness Of Marijuana Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



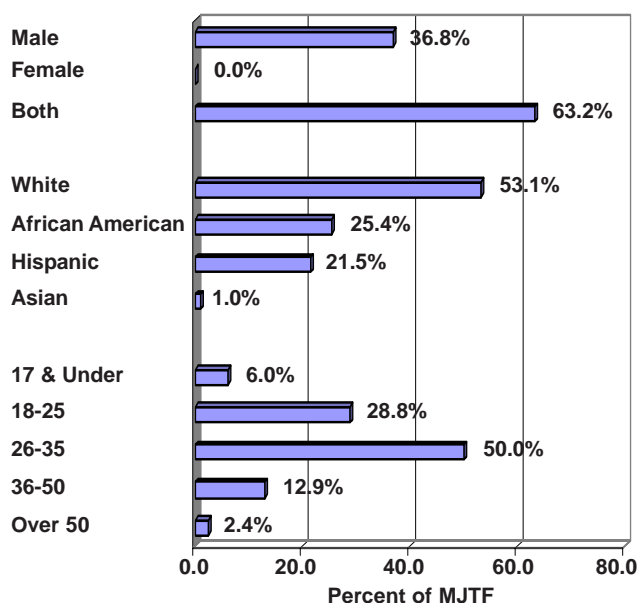
In this survey, MJTFs also indicated marijuana was sold primarily from private homes and residences or from vehicles. Of the MJTFs indicating this industry was a major or moderate problem, 94.7% identified private residences as locations of marijuana sales and 84.2% identified streets or parking lots as sale locations (Figure 65). Sale of marijuana from vehicles was noted by 73.7% of the MJTFs.

Figure 65
Location Of Marijuana Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



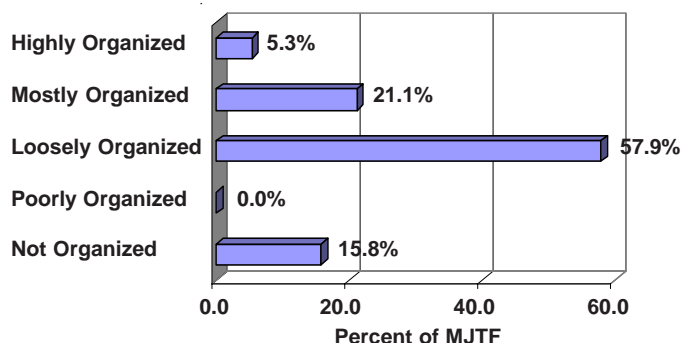
Marijuana point-of-sale distribution is conducted by persons of both sexes, all races, and all age groups. Of the MJTFs indicating this industry is a major or moderate problem, 63.2% indicated persons of both sexes are involved while 36.8% indicated only males were involved (Figure 66). These MJTFs also indicated whites are most commonly involved (53.1%) followed by African Americans (25.4%) and Hispanics (21.5%). One half of the responding MJTFs identified persons aged 26 through 35 as participating in this industry and 28.8% stated persons aged 18 through 25 are involved.

Figure 66
Demographic Characteristics Of Persons Involved In
Marijuana Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



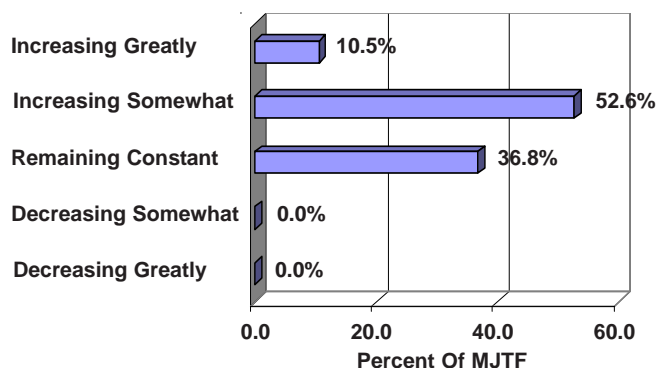
The extent of organization of marijuana distributors / sellers varies from individuals acting completely on their own to loosely organized groups. Of the MJTFs indicating marijuana point-of-sale distribution is a major or moderate problem, over one-half (57.9%) indicated sellers were loosely organized. Another quarter (26.4%) perceived marijuana sellers as mostly or highly organized in the State (Figure 67). MJTFs indicated that gangs are associated with sale of marijuana and 42.9% specified organized crime as a gang type involved in marijuana point-of-contact sale. Street gangs were indicated by 14.3% of the MJTFs as being associated with marijuana point-of-contact sales.

Figure 67
Organization Levels Associated With
Marijuana Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



Growth of this industry remains constant in most of the State but is increasing in some areas. Of the MJTFs indicating this industry is a major or moderate problem, over one-half (52.6%) responded marijuana point-of-sale distribution is increasing somewhat (Figure 68). Another 36.8% of these MJTFs indicated this industry is remaining constant.

Figure 68
Trends of Marijuana Point-of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



Cocaine / Crack Cocaine

Cocaine is not produced in any significant amounts in the U.S. Instead, cocaine is produced in remote laboratories in Columbia, Peru, and Bolivia and smuggled overland through Mexico or by sea and air transport along eastern Pacific and western Caribbean maritime routes. According to the National Drug Intelligence Center (NDIC), cocaine smuggled overland through Mexico enters the U.S. through Texas, California, and Arizona ports of entry (POE).

From these POE, cocaine then is transported to Atlanta, Chicago, Dallas, Houston, and New York. Cocaine smuggled via Caribbean maritime routes enters the U.S. in Miami and is transported to Atlanta, New York, and Philadelphia. Cocaine is smuggled throughout the U.S. from various distribution cities. According to NDIC, a large portion of powder cocaine ending up in the Midwest, including Missouri, is distributed from Chicago, Houston, and Phoenix.

Analyses of cocaine and crack quantities seized in multi-jurisdictional drug task force investigations or purchased in sting operations indicate distribution of these drugs is second only to marijuana. In Fiscal Year 2002, task forces seized 14,168 ounces of cocaine (Figure 69) and 962 ounces of crack cocaine (Figure 70). Compared to Fiscal Year 2001, the amount of seized cocaine increased by 285.1% and seized crack cocaine increased 126.9%. Cocaine and crack cocaine seizures continued to increase through

Fiscal Year 2004. In that year, 17,194 ounces of cocaine and 2,524 ounces of crack cocaine were seized, and increase of 90.2% and 125.4%, respectively, from Fiscal Year 2003.

A regional analysis of multi-jurisdictional task force data indicates cocaine and crack cocaine point-of-sale trafficking equally impacts large and small MSAs in Missouri. Cocaine sale charges accounted for 13.1% of all sale charges filed in arrests made by task forces in the Columbia MSA. The Kansas City MSA region was next, where 9.7% of all sale charges filed were for sale of cocaine. This was followed by Springfield MSA (5.6%), St. Joseph MSA (5.3%), St. Louis MSA (2.5%), and Non MSA counties (1.5%). Crack cocaine sale charges accounted for 21.4% of all sale charges filed in arrests made by task forces in the St. Louis MSA. The Non MSA counties was next, where 19.0% of all sale charges filed were for sale of crack cocaine. This was followed by Columbia MSA (17.7%), St. Joseph MSA (14.2%), Kansas City MSA (9.4%), and Springfield MSA (2.3%).

In an industry profile survey completed by twenty-five multi-jurisdictional task forces, 84.2% reported cocaine distribution / point-of-sale of cocaine / crack was a moderate or major problem in their jurisdictions (Figure 71). Only 15.8% of the MJTFs perceived this industry as a minor problem or entirely not a problem. From these results it is evident that distribution and sale of cocaine / crack is widespread throughout the State.

In the survey, MJTFs also indicated cocaine / crack was sold at many different locations. Of the MJTFs indicating this industry was a major or moderate problem, 87.5% identified cocaine / crack sales occur on streets or parking lots (Figure 72). This location was followed by private residences (73.3%), from vehicles (73.3%), and hotels / motels (64.3%).

Figure 69
Ounces of Cocaine Seized
By Multi-Jurisdictional Drug Task Forces
FY1998 Through FY2004

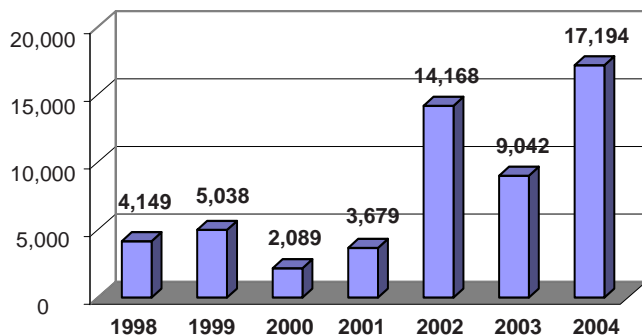


Figure 70
Ounces of Crack Seized
By Multi-Jurisdictional Drug Task Forces
FY1998 Through FY2004

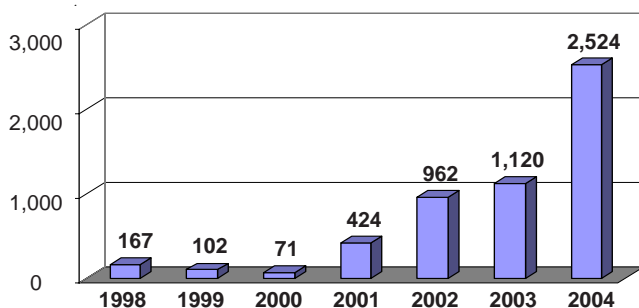


Figure 71
Seriousness of Cocaine / Crack Point-of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces

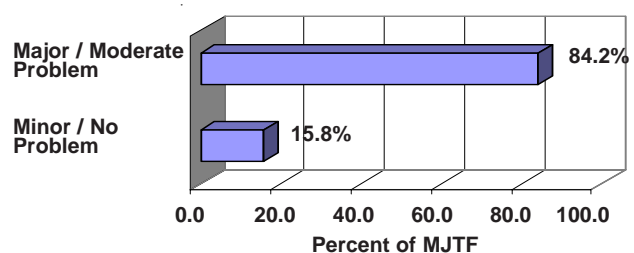
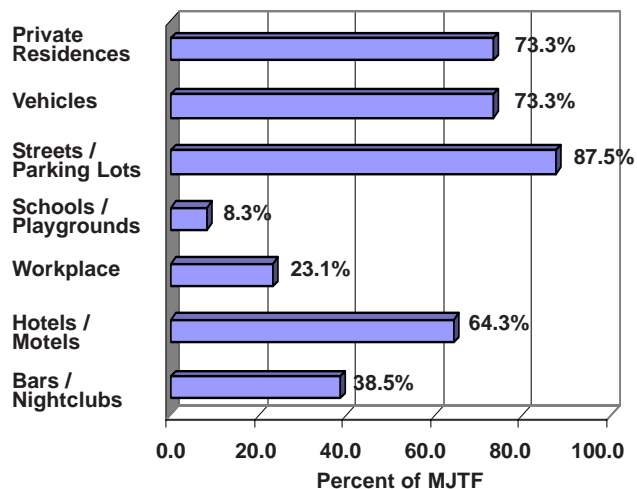
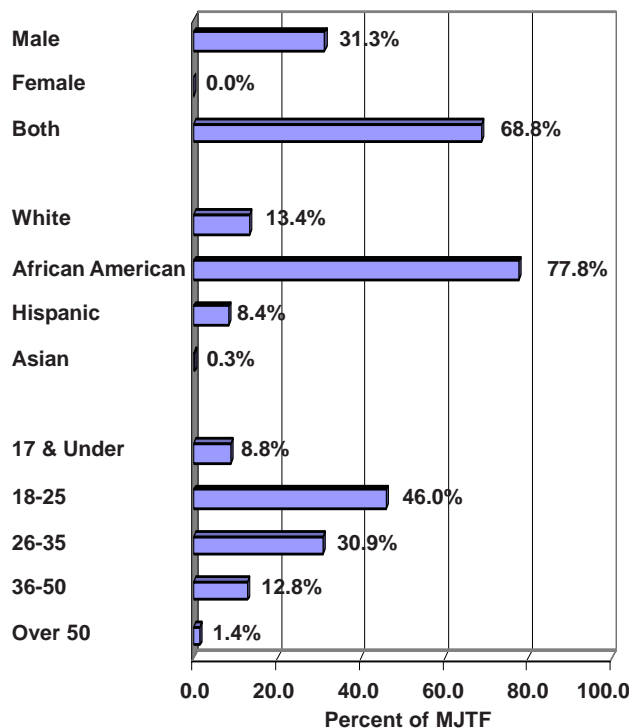


Figure 72
Locations Of Cocaine / Crack Distribution And
Point-Of-Sale Trafficking
As Perceived By Multi-Jurisdictional Drug Task Forces



Cocaine and crack cocaine are more commonly distributed by African Americans of both sexes between the ages of 18 and 35. Over three-fourths (77.8%) of the MJTFs reported African Americans participate in this industry (Figure 73). Over two-thirds (68.8%) of the MJTFs indicated both males and females are involved in cocaine / crack cocaine

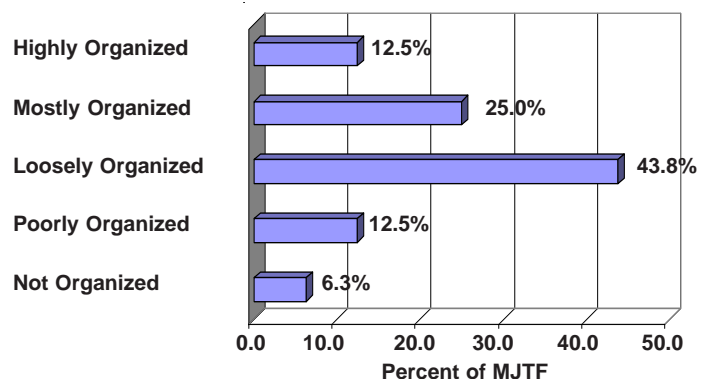
Figure 73
Demographic Characteristics Of Persons Involved In
Cocaine / Crack Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



point-of-sale distribution and nearly one-third (31.3%) indicated only males participate. Nearly half (46.0%) of the MJTFs identified participants in this industry between the ages of 18 and 25. Another 30.9% of the MJTFs indicated persons aged 26 through 35 participate.

Cocaine and crack cocaine distribution / point-of-sale trafficking is an organized industry to some degree. Of the MJTFs indicating this industry is a major or moderate problem, 43.8% indicated participants are loosely organized (Figure 74). One-fourth of the MJTFs indicated industry participants are mostly organized and 12.5% perceived it as a highly organized industry.

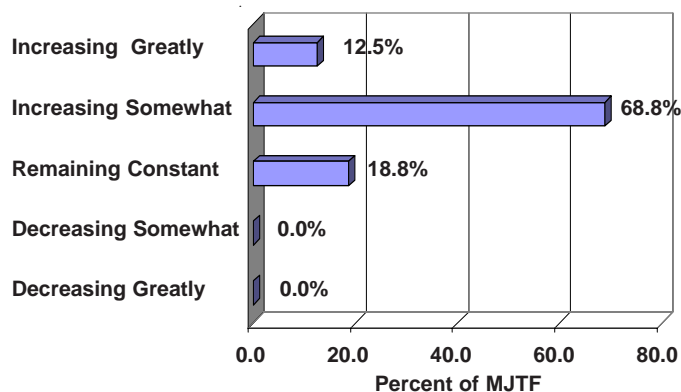
Figure 74
Organization Levels Associated With
Cocaine / Crack Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



Over three-fourths of MJTF respondents to the drug industry survey indicated cocaine and crack cocaine distribution / point-of-sale trafficking is slightly increasing in their jurisdictions. Of the respondent MJTFs, 81.3% indicated this industry is increasing somewhat or increasing greatly. Another 18.8% perceived this industry as remaining constant (Figure 75).

Crack cocaine is produced using an ingredient such as baking powder to "cut" cocaine. It is heat processed, usually on a stove top or in a microwave oven. Normally, crack processing is conducted late in distribution. Of the nineteen MJTFs indicating cocaine / crack cocaine point-of-sale distribution was a major or moderate problem, 78.9% indicated crack processing also was a problem. These MJTFs perceived powder cocaine and to a lesser extent rock cocaine as being commonly processed into crack cocaine. Of the MJTFs indicating crack processing is

Figure 75
Trends Of Cocaine / Crack Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



a major or moderate problem, one-third identified only powder cocaine as its source (Figure 76). Another one-third of these MJTFs identified powder cocaine and some rock cocaine is processed into crack cocaine. Crack cocaine processing is commonly conducted in apartments or private residences. All of the MJTFs that identified crack cocaine processing as a major or moderate problem also indicated this activity is conducted in homes or mobile homes (Figure 77). Another 73.3% of the MJTFs identified apartments or public housing as locations where cocaine is processed into crack cocaine.

In Missouri, cocaine is processed into crack cocaine by young to middle-aged African Americans of both sexes. Of the MJTFs indicating this industry as a

Figure 76
Precursor Drugs Used To Process Crack Cocaine
As Perceived By Multi-Jurisdictional Drug Task Forces

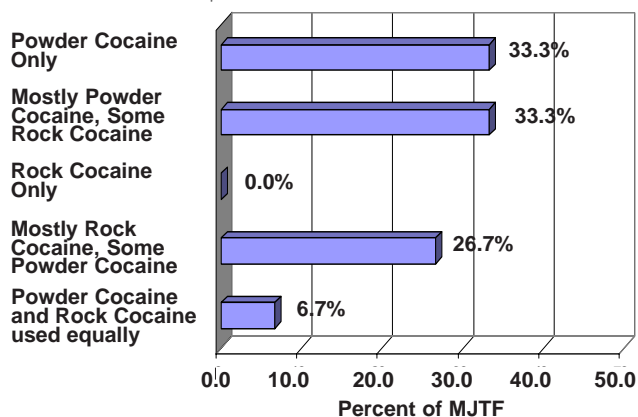
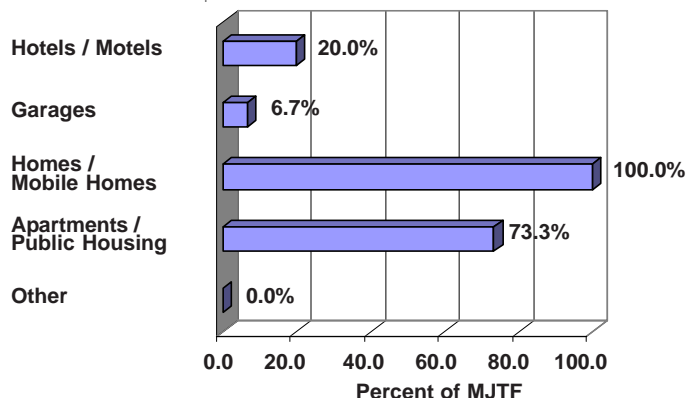
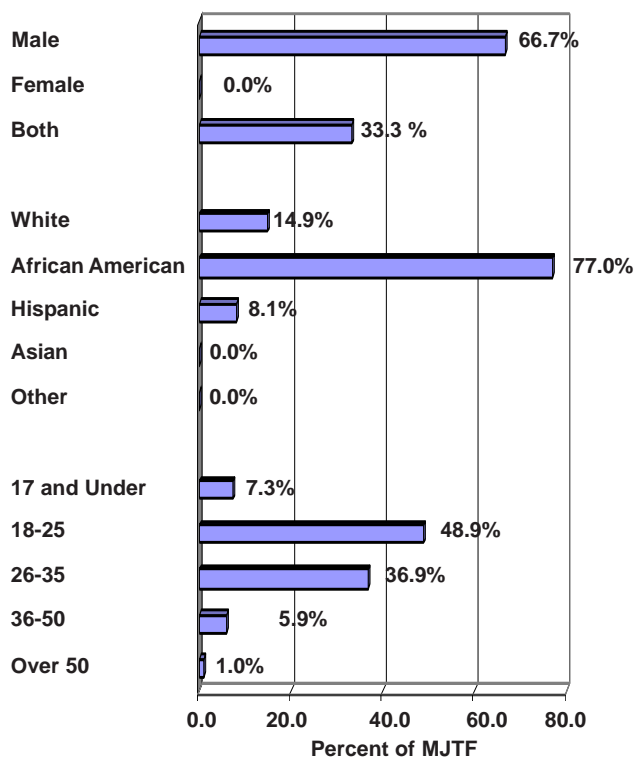


Figure 77
Locations Used For Crack Cocaine Processing
As Perceived By Multi-Jurisdictional Drug Task Forces



major or moderate problem, 66.7% identified males as participants in crack cocaine processing and 33.3% indicated both males and females process crack cocaine (Figure 78). Of the respondent MJTFs, 77.0% identified African Americans participants, and 48.9% indicated persons aged 18 through 25 are involved.

Figure 78
Demographic Characteristics Of Persons
Involved In Crack Cocaine Processing
As Perceived By Multi-Jurisdictional Drug Task Forces



Generally, cocaine is processed into crack by individuals although some gangs are associated with this industry in Missouri. Of the MJTFs indicating this industry is a major or moderate problem, over one-fourth (26.7%) stated gangs are involved in crack processing (Figure 79). The responding MJTFs also indicated participants in crack processing are organized to some degree. Of the MJTFs identifying this industry as a major or moderate problem, 43.8% responded that participants were loosely organized and 25.0% responded this industry is mostly organized (Figure 80).

Figure 79
Gang Involvement In Crack Cocaine Processing
As Perceived By Multi-Jurisdictional Drug Task Forces

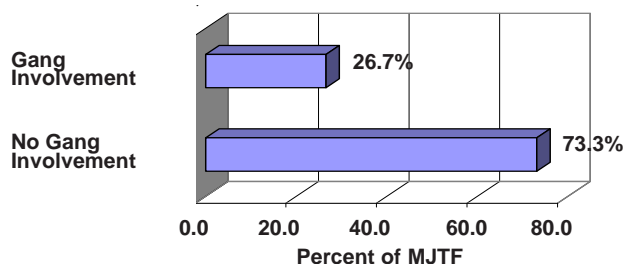
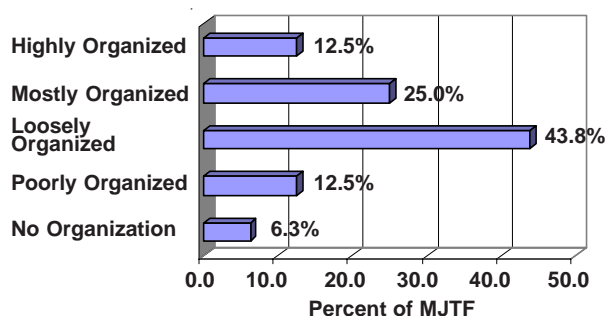
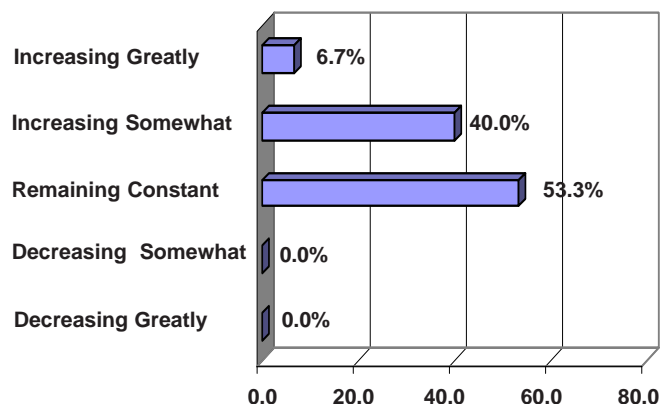


Figure 80
Organization Levels Associated With
Crack Cocaine Processing
As Perceived By Multi-Jurisdictional Drug Task Forces



Crack cocaine processing is increasing in some parts of the State. Of the MJTFs indicating this industry is a major or moderate problem, 40.0% responded it is increasing somewhat (Figure 81). However, 53.3% of the MJTFs indicated the industry is not changing in their jurisdictions.

Figure 81
Trends Of Crack Cocaine Processing
As Perceived By Multi-Jurisdictional Drug Task Forces



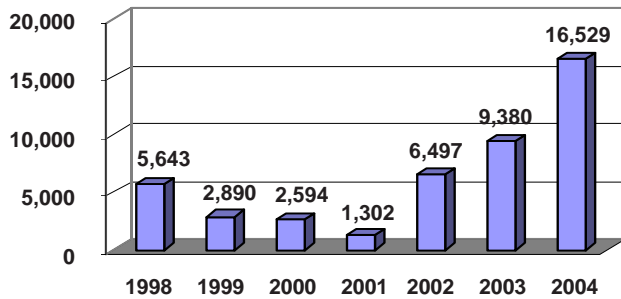
Methamphetamine

The distribution and point-of-sale of methamphetamine, along with its related industry (methamphetamine clandestine laboratories), are two of the most widespread illicit drug industries in the State. According to the NDIC, Missouri is one of several central U.S. states that is a primary market area for the drug and methamphetamine manufactured in Missouri is distributed regionally and to other parts of the country. Also, the NDIC has reported increasing trafficking of methamphetamine produced in Southern California and Mexico to Kansas City and St. Louis by Mexican criminal groups.

Analyses of methamphetamine seized by multi-jurisdictional task drug force investigations indicate distribution of this drug is significant in Missouri and has grown rapidly in the past several years. From Fiscal Year 1998 through Fiscal Year 2001, methamphetamine seizures decreased. However, in Fiscal Year 2002 this trend reversed and multi-jurisdictional drug task forces seized 6,497 ounces of methamphetamine (Figure 82). This was an increase of nearly 400%. Seizures of methamphetamine continued to increase through Fiscal Year 2004 when 16,529 ounces of methamphetamine were seized. This was an increase of 76.2% compared to the 9,380 ounces seized in Fiscal Year 2003.

A regional analysis of multi-jurisdictional drug task force data indicates methamphetamine distribution and point-of-sale trafficking is most common in Western and Southwestern counties of the State. Methamphetamine sale charges accounted for 76.2% of all sale charges filed in arrests made by task forces

Figure 82
Ounces Of Methamphetamine Seized
By Multi-Jurisdictional Drug Task Forces
FY1998 Through FY2004



in the Springfield / Joplin MSA. This was followed by Kansas City MSA (67.4%) and St. Joseph MSA (64.6%). Ranked next were Non-MSAs (58.1%), St. Louis MSA (52.4%), and Columbia MSA (44.4%).

In a drug industry profile survey of multi-jurisdictional drug task forces, all nineteen respondent MJTFs indicated methamphetamine point-of-sale distribution is a major or moderate problem in their jurisdiction (Figure 83). These data identify the widespread problem of this industry in Missouri. An analysis of responses from the surveyed MJTFs indicates methamphetamine is distributed in many locations. All of the respondents identified private residences as point-of-sale locations for this drug (Figure 84). MJTFs also perceived methamphetamine sales are commonly made from vehicles (77.8%) and streets / parking lots (72.2%).

The industry survey also indicates both males and females are involved in distributing and selling methamphetamine. Of the MJTFs indicating this industry is a major or moderate problem, 73.7% stated participants are of both sexes (Figure 85). The

Figure 83
Seriousness Of Methamphetamine Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces

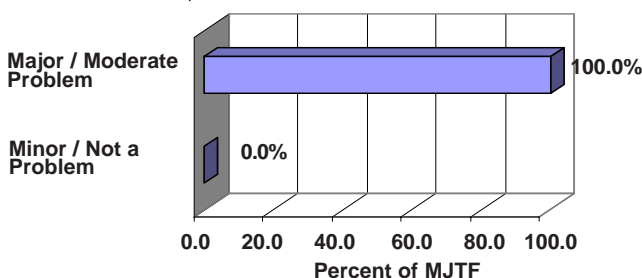
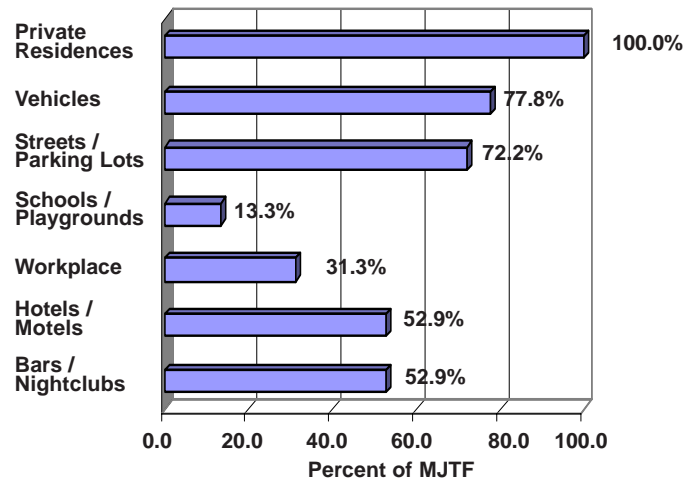
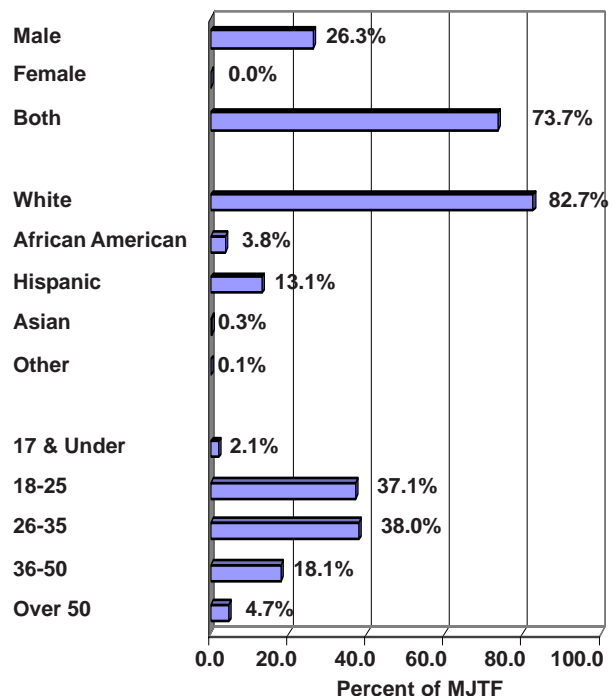


Figure 84
Locations Of Methamphetamine Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



respondents also indicated whites (82.7%) are the primary group involved in this industry. However, several respondents reported involvement by Hispanics (13.1%) and African Americans (3.8%). All age groups are involved in this industry although most participants are between the ages of 18 and 35. Young adults between the ages of 26 and 35 were the

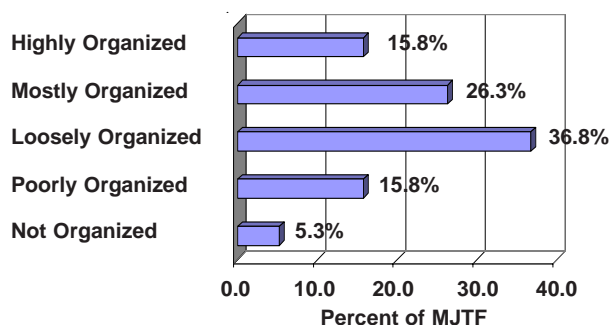
Figure 85
Demographic Characteristics Of Persons Involved In
Methamphetamine Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



most frequently mentioned group (38.0%) followed by persons aged 18 through 25 (37.1%).

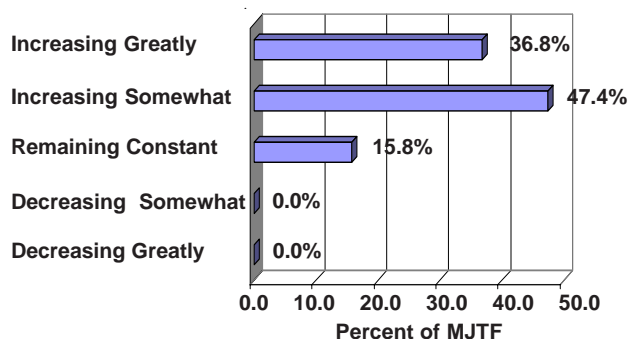
The level of organization associated with this industry probably reflects that methamphetamine originates from loosely to highly organized clandestine laboratory operators. Of the MJTFs identifying this industry as a major or moderate problem, over three-fourths (78.9%) indicated participants loosely organized to highly organized. Only 5.3% of the respondent MJTFs perceived this industry as unorganized (Figure 86).

Figure 86
Organization Levels Associated With
Methamphetamine Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



Point-of-sale distribution of methamphetamine is increasing throughout the State. Of the MJTFs indicating this industry is a major or moderate problem, 84.2% responded it is increasing somewhat or greatly (Figure 87). Another 15.8% do not see any changes in this industry.

Figure 87
Trends Of Methamphetamine Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



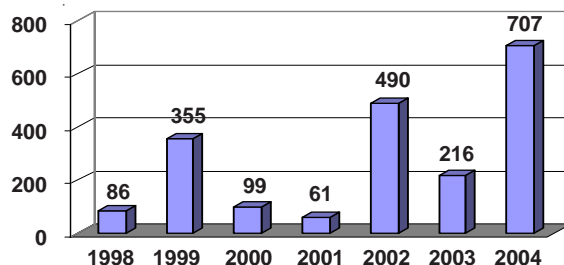
Heroin / Opiates

Like cocaine, heroin and its derivatives are imported into Missouri and distribution / point-of-sale is limited to specific regions of the State. Most heroin entering the U.S. originates from South America and Mexico, but it also is from Southwestern and South-eastern Asia. The NDIC reports points of entry (POE) on the U.S. and Mexican border are most commonly used to smuggle heroin into the U.S. Mexican and South American produced heroin is transported directly to other states, including Missouri, or to Los Angeles for additional distribution. Asian heroin is usually smuggled into the U.S. via eastern seaboard or west coast cities via commercial air carriers. It is then transported to regional distribution centers. Asian heroin entering Missouri generally is distributed from Chicago

A regional analysis of multi-jurisdictional drug task force data indicated heroin distribution and point-of-sale trafficking mostly impacts the St. Louis MSA. Heroin sale charges accounted for 0.7% of all sale charges filed in arrests made by task forces in that MSA. No heroin sale charges were filed by multi-jurisdictional task forces in other MSAs.

Analyses of heroin / opiate quantities seized by multi-jurisdictional drug task forces indicate distribution of these drugs is limited in Missouri compared to marijuana, cocaine / crack cocaine, or methamphetamine. In Fiscal Year 2001, task forces seized a seven year low amount of 61 ounces of heroin / opiates (Figure 88). From Fiscal Years 2002 through 2004, the amount of seized heroin increased sporadically. The greatest amount of heroin was seized in Fiscal Year 2004 when 707 ounces of heroin / opiates were seized.

Figure 88
Ounces Of Heroin / Opiates Seized
By Multi-Jurisdictional Drug Task Forces
Fiscal Year 1998 Through Fiscal Year 2004



An analysis of industry profiles conducted by multi-jurisdictional drug task forces indicates heroin distribution and point-of-sale is a problem in only parts of the State. Of the surveyed MJTFs, less than one-fourth (21.1%) responded this industry is a major or moderate problem (Figure 89). The surveyed MJTFs also indicated sales of these illicit drugs are limited to several common locations. Of the MJTFs indicating this industry is a major or moderate problem, 80.0% indicate sales of heroin / opiates are conducted primarily on streets or parking lots (Figure 90).

Figure 89
Seriousness Of Heroin / Opiates Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces

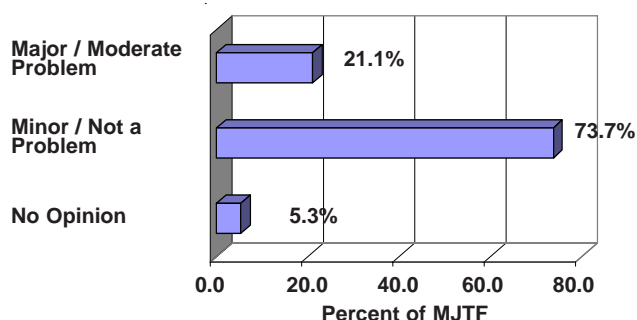
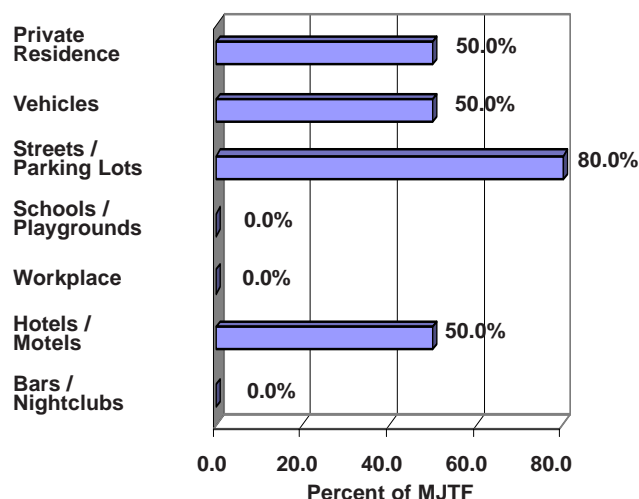


Figure 90
Locations Of Heroin / Opiates Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



Persons involved with heroin / opiates point-of-sale distribution are young adults or middle aged, white or African American males and, to lesser extent, females. Of the MJTFs identifying this industry as a major or moderate problem, 75.0% indicated only males are involved in heroin trafficking (Figure 91). In addition, 52.5% indicated African Americans are involved in this industry and 37.5% indicated whites are involved. Persons aged 18 through 25 were identified as industry participants by 41.7% of the MJTFs and persons aged 26 through 35 were identified as participants by 30.0% of the task forces.

Multiple levels of organization are associated with heroin / opiates point-of-sale distribution. Of the MJTFs identifying this industry as a major or moderate problem, 75.0% indicated heroin / opiates point-of-sale distribution is loosely organized (Figure 92). However, 75.0% of the MJTFs stated this industry is loosely organized to highly organized.

Figure 91
Demographic Characteristics Of Persons Involved In
Heroin / Opiates Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces

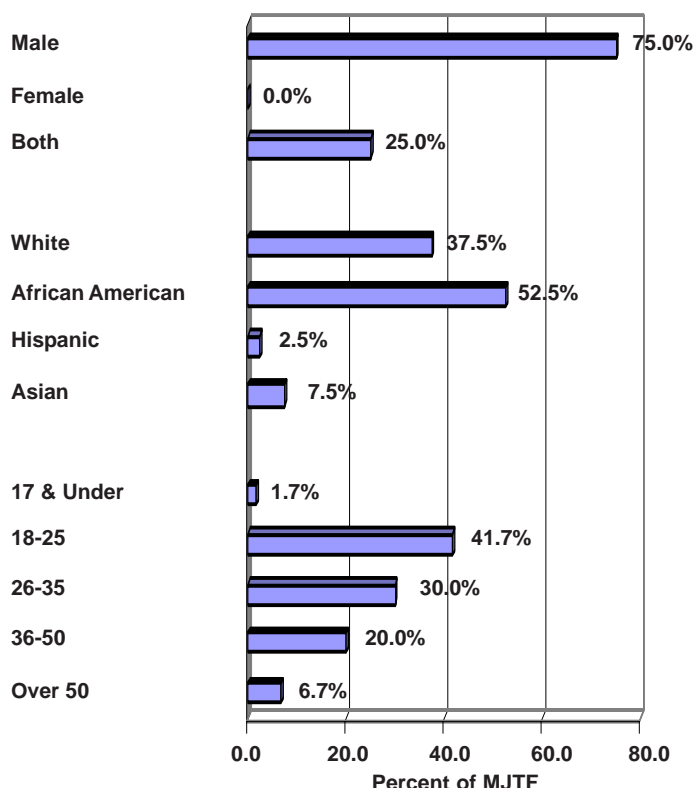
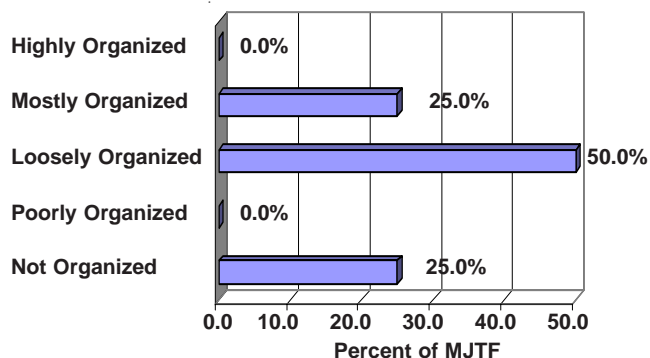
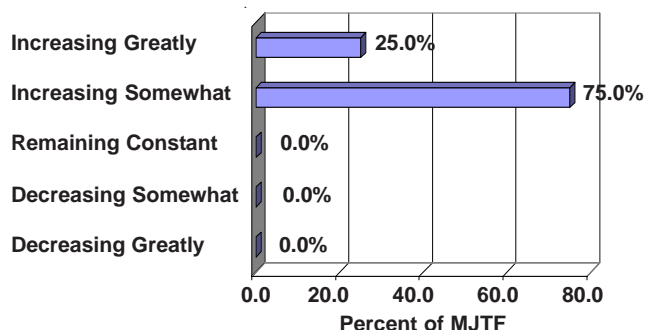


Figure 92
Organization Level Associated With
Heroin / Opiates Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



While heroin / opiates point-of-sale / distribution is limited regionally, this industry is increasing in some regions and remaining constant in others. Of the MJTFs indicating heroin / opiates point-of-sale distribution is a major or moderate problem, 75.0% have experienced some increases in the industry in their jurisdictions (Figure 93). However, 25.0% of the MJTFs indicated the industry is increasing greatly in their jurisdictions.

Figure 93
Trends Of Heroin / Opiates Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



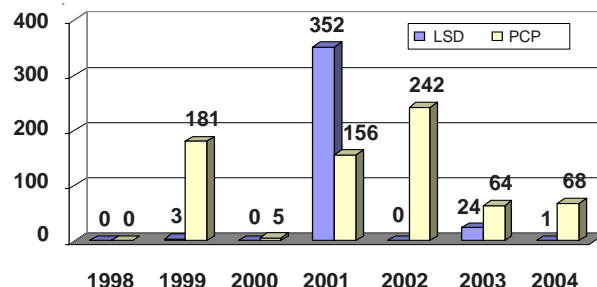
Hallucinogens

LSD (lysergic acid diethylamide) and PCP (phencyclidine) are the more commonly abused hallucinogens in Missouri. The NDIC reports LSD is produced by a small network of chemists located in California and the Pacific Northwest. To a lesser extent, LSD is produced throughout the country by individuals. It typically is sold in crystal, tablet, or liquid forms. Liquid LSD is ingested in sugar cubes, gelatin

squares, or blotter paper available in single to multi-thousand dosage units. The NDIC reports PCP is produced by California street gangs. PCP encountered in Missouri is sold as PCP laced cigarettes, cigars, or marijuana. It also is found in liquid, tablet, and powder forms in the State.

Analyses of LSD and PCP quantities seized by multi-jurisdictional drug task forces indicate distribution of these drugs is not a significant industry in Missouri. In Fiscal Year 2001, task forces seized 352 ounces of LSD and 156 ounces of PCP (Figure 94). Since that year, hallucinogen seizures have decreased and only in Fiscal Year 2002 was a significant seizure of 242 ounces of PCP reported.

Figure 94
Ounces Of LSD And PCP Seized By
Multi-Jurisdictional Drug Task Forces
FY 1998 Through FY 2002



A regional analysis of multi-jurisdictional drug task force data also indicates hallucinogen distribution and point-of-sale trafficking impacts few MSAs. Only in the Kansas City MSA did hallucinogen sale charges account for a proportion of all arrest sale charges filed (0.4%) in Fiscal Year 2004. Hallucinogen sale charges were not filed by any other multi-jurisdictional drug task forces in that fiscal year.

The point-of-sale distribution of hallucinogens was perceived as a problem only in several regions of Missouri. Of the MJTFs responding to the drug industry survey, only 15.8% identified this industry as a major or moderate problem (Figure 95). Another 73.7% of the task forces reported hallucinogen distribution and point-of-sale was a minor or not a problem in their jurisdictions.

Hallucinogens are sold primarily from individual residences or at bars / nightclubs. Of the MJTFs

having a problem with this industry, one-third stated hallucinogens are sold out of private residences (Figure 96). In addition, two-thirds of the MJTFs identified bars and nightclubs as sale locations for these drugs.

Figure 95
Seriousness Of Hallucinogen Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces

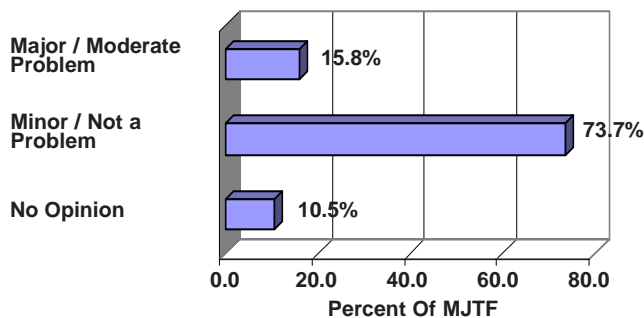
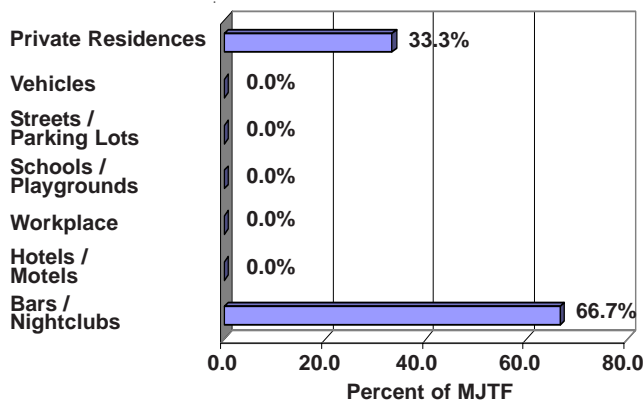


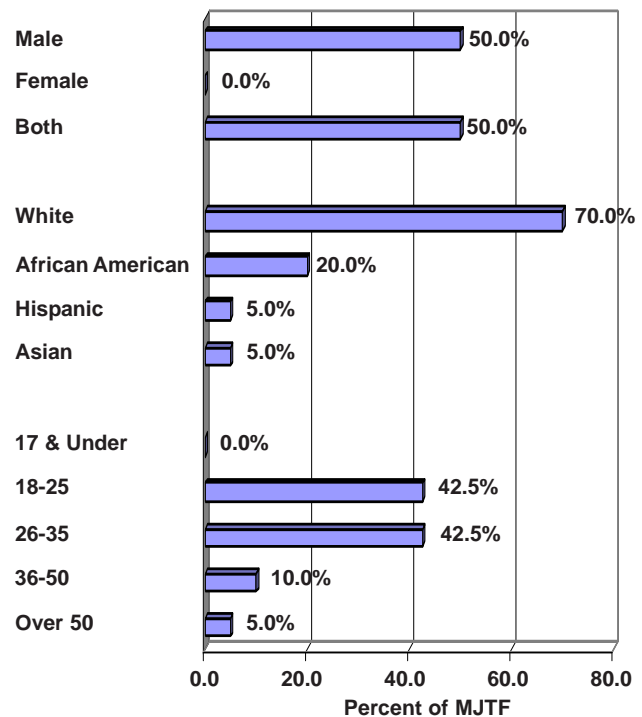
Figure 96
Locations Of Hallucinogen Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



Hallucinogen dealers are commonly white, young to middle aged adults. Of the MJTFs indicating hallucinogen point-of-sale distribution as a major or moderate problem, one-half said both males and females participate in this industry and one-half indicated only males participate (Figure 97). Nearly three-quarters (70.0%) of the MJTFs indicated participants are white and over three-fourths (85.0%) indicated participants are between the ages of 18 and 35. Several MJTFs (20.0%) also noted participation by African Americans in hallucinogen point-of-sale distributions.

Two distinct levels of organization were noted by the task forces for hallucinogen point-of-sale distribu-

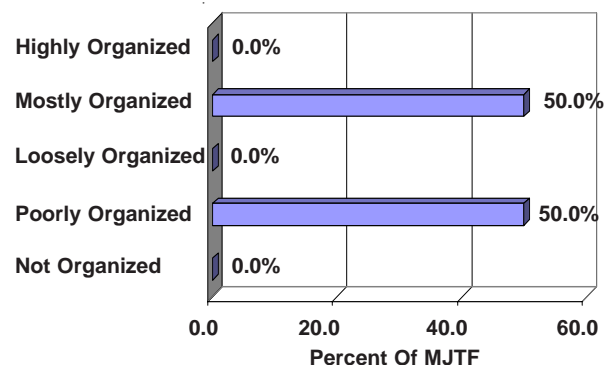
Figure 97
Demographic Characteristics Of Persons Involved
In Hallucinogen Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



tion. One-half of the MJTFs indicated this industry is mostly organized and the other one-half responded the industry is poorly organized (Figure 98). Although it is not known if organization patterns are drug specific, it is conceivable that one organizational level is found for LSD sale and one for PCP sale

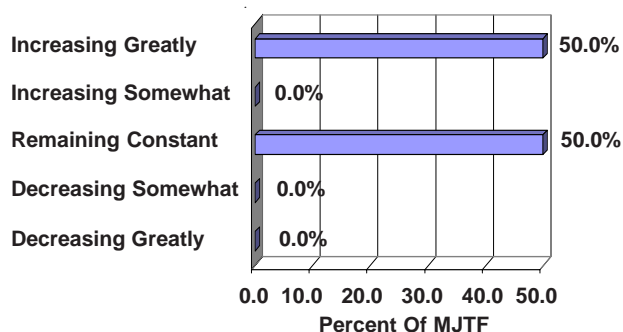
Two distinct trends are apparent for hallucinogen point-of-sale distribution in Missouri. Of the MJTFs indicating this industry is a major or moderate problem, one-half responded it is increasing greatly

Figure 98
Organization Levels Associated With
Hallucinogen Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



(Figure 99). However, the other one-half of the MJTFs indicated hallucinogen sales are remaining constant. Although not known empirically, this bimodal distribution may reflect point-of-sale trends of LSD compared to PCP.

Figure 99
Trends of Hallucinogen Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



Ecstasy

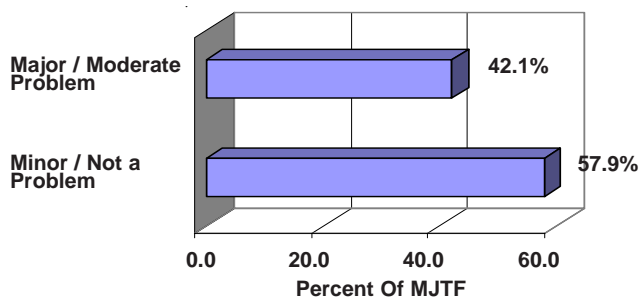
MDMA (3,4 methylenedioxymethamphetamine) or Ecstasy has been on the increase for the past few years. As noted by the National Drug Intelligence Center, ecstasy is a stimulant with mild hallucinogenic properties taken orally in tablet or capsule form. The emergence of high-energy, all-night dance clubs known as raves has increased use of ecstasy because the drug provides users with energy and heightened sensory perception to enhance their rave experience. These clubs are becoming increasingly popular with teenagers and young adults. According to the DEA, clandestine laboratories in rural areas of the Netherlands and Belgium produce approximately 80 percent of this drug consumed worldwide. Other countries where MDMA laboratories have been found include Canada, Australia, Germany, and several Eastern European countries. Ecstasy is smuggled into New York, Los Angeles, and Miami on commercial airline carriers from Europe, Canada, and Mexico. From these U.S. cities, it is distributed to other states, including Missouri, by couriers on domestic commercial flights or mail / packages services.

In an industry profile survey completed by multi-jurisdictional drug task forces, 42.1% of the respondents reported ecstasy was a major or moderate problem (Figure 100). Another 57.9% of the MJTFs indicated this industry was a minor problem or not a

problem. From these results, it is evident distribution and sale of ecstasy is restricted to certain areas of the State.

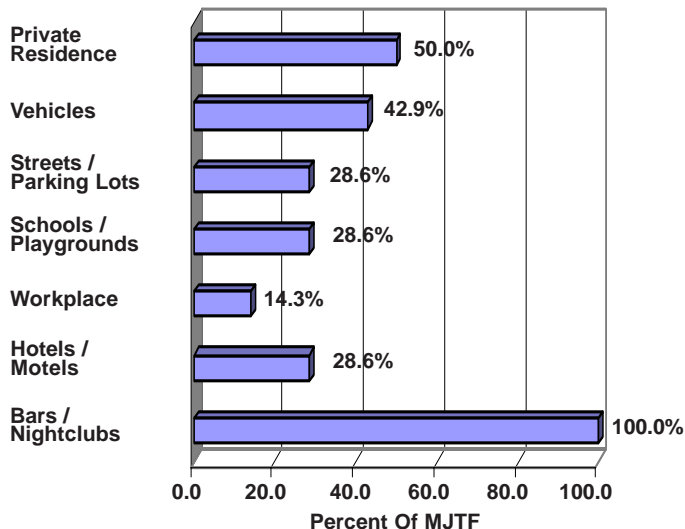
A regional analysis of multi-jurisdictional drug task force data also indicates ecstasy point-of-sale trafficking impacts few MSAs. Only in the St. Louis MSA (1.6%) and Non MSA counties (0.3%) did ecstasy sale charges account for a proportion of all arrest sale charges filed in Fiscal Year 2004.

Figure 100
Seriousness Of Ecstasy Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



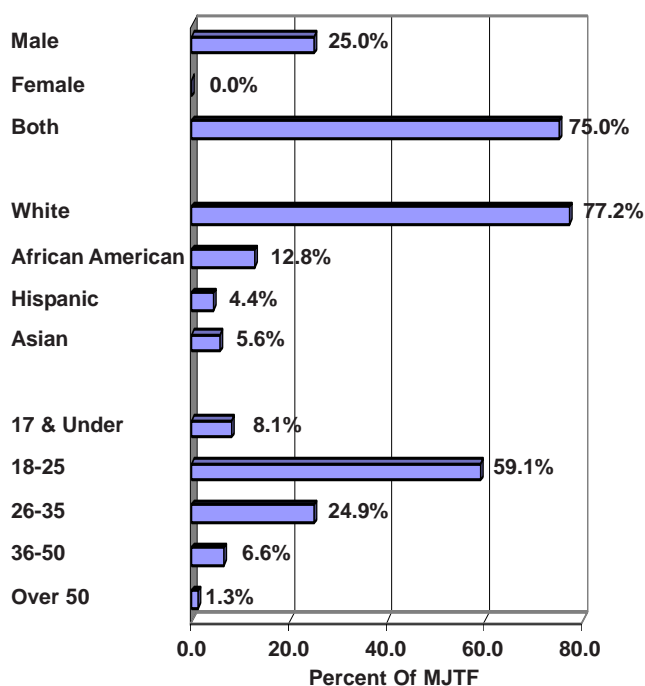
Ecstasy is most commonly sold in bars and nightclubs, reflecting the use of ecstasy at rave clubs. Of the MJTFs identifying this industry as a major or moderate problem, all identified bars and nightclubs as common locations used for ecstasy sales (Figure 101). Following bars and nightclub locations are private residences (50.0%) and vehicles (42.9%).

Figure 101
Locations Of Ecstasy Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



Not surprisingly because of ecstasy's use in rave clubs, the majority of MJTF survey respondents reported ecstasy is predominately distributed by white young adults between the ages of 18-25. Of the MJTFs indicating ecstasy point-of-sale distribution is a major or moderate problem, three-quarters identified both males and females as industry participants, 77.2% identified whites as participants, and 59.1% identified persons aged 18 through 25 as persons involved (Figure 102). It is noteworthy that nearly one-fourth (24.9%) of respondent MJTFs identified persons aged 26 through 35 as ecstasy distributors.

Figure 102
Demographic Characteristics Of Persons Involved
In Ecstasy Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



Organization levels of ecstasy point-of-sale distribution vary across the State. Of the MJTFs noting this industry as a major or moderate problem, 50.0% indicated the industry is loosely or poorly organized and conducted by individuals acting alone (Figure 103). However, the other one-half (50%) of the MJTF respondents noted ecstasy sale is a mostly organized industry. One half of the MJTFs perceived this ecstasy is trafficked by organized crime members. Over one-half, (62.5%), of the MJTF respondents indicated ecstasy distribution / point of sale is increasing somewhat or greatly (Figure 104). This

industry is perceived as remaining constant by 37.5% of the MJTFs that have a major or moderate problem with ecstasy point-of-sale distribution.

Figure 103
Organization Levels Associated With
Ecstasy Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces

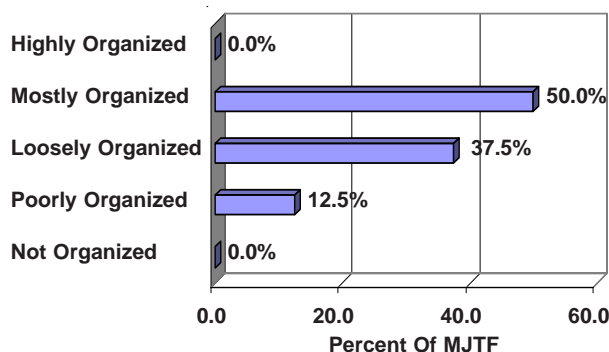
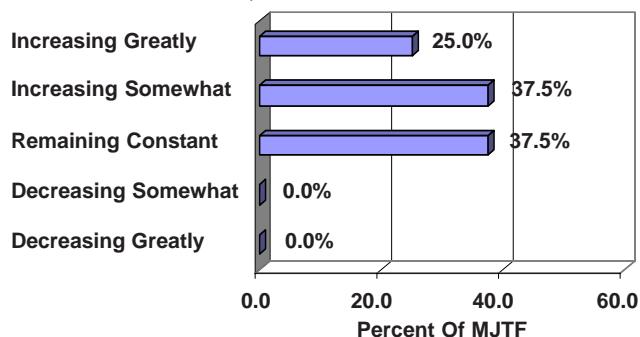


Figure 104
Trends Of Ecstasy Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces

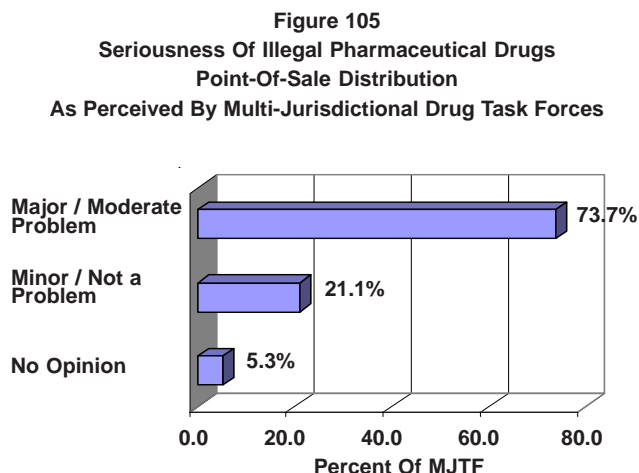


Pharmaceuticals

Pharmaceutical drugs include narcotics, depressants, and stimulants that are available by medical prescription. Illicit use and distribution and point-of-sale of pharmaceuticals is becoming a problem in some parts of the State. The NDIC reports most abused pharmaceutical drugs are illegally obtained by forged prescriptions, improper prescribing, and theft. However, pharmaceuticals are increasingly being obtained from Mexico or Internet pharmacies supplied by sources in Mexico or other foreign countries.

Nearly three-fourths (73.7%) the MJTFs responding to a drug industry survey indicated point-of-sale

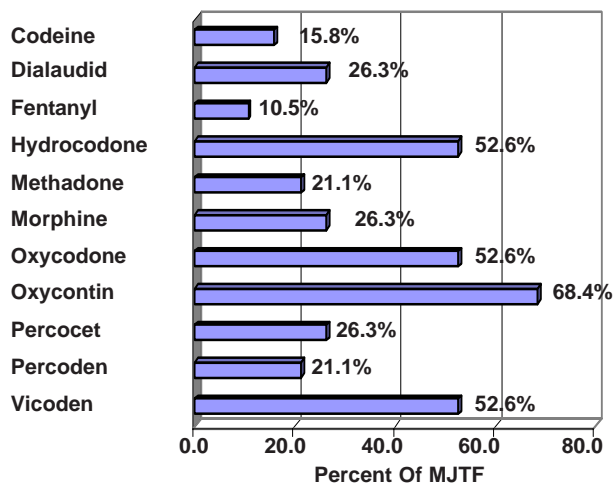
distribution of pharmaceutical drugs is a major or moderate problem in their jurisdictions (Figure 105). All but one of the MJTFs identified pharmaceutical drugs and OxyContin as the drugs being illegally distributed.



Narcotic pharmaceuticals more commonly abused in the State include hydrocodone (e.g., Lorcet, Lortab, Tussionex, Vicodin), OxyCodone (e.g., OxyContin, Percocet, Percodan), hydromorphone (e.g., Dilaudid), and codeine. Of the MJTFs indicating point-of-sale distribution of pharmaceuticals as a problem, 68.4% perceived OxyContin as the most common illegally distributed narcotic (Figure 106). As reported by the NDIC, OxyContin is frequently abused as a heroin substitute because it offers a reliable strength and dosage level. The drug has euphoric effects, mitigates pain, and decreases withdrawal effects associated with heroin abstinence. OxyContin is produced to be taken orally in tablet form but, abusers often chew the tablets or crush tablets and inhale the powder. It also is dissolved in water and injected by abusers.

Commonly abused depressants include benzodiazepines alprazolam (i.e., Xanax), benzodiazepine diazepam (i.e. Valium). The euphoric effects of depressants and countering stimulant effects are the primary reasons for illicit use of these drugs. Of the MJTFs that perceived pharmaceutical point-of-sale distribution as a major or moderate problem, 63.2% indicated Xanax is the most common depressant illegally distributed. Stimulants are legitimately prescribed to treat attention disorders, obesity, and narcolepsy. Because these drugs increase users' concentration, alertness, and energy, they are com-

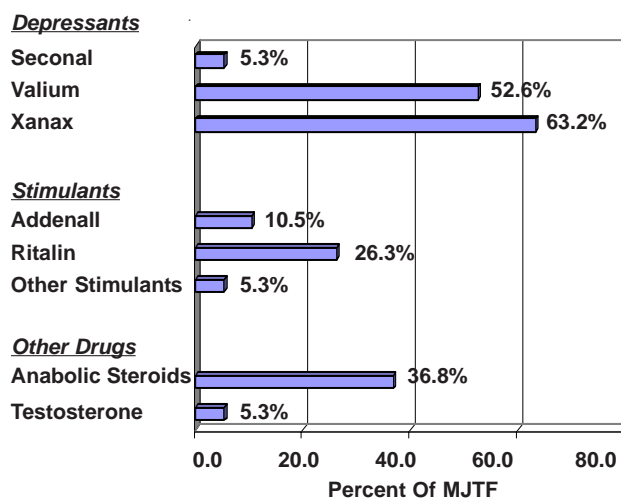
Figure 106
Types Of Illegal Narcotics Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



monly misused. Dextroamphetamine (e.g., Adderall, Dexedrine) and methyphenidate (e.g., Ritalin, Methylin, Concerta) are the more commonly abused stimulants. Over one-fourth (26.3%) of the MJTFs that perceived point-of-sale distribution of pharmaceutical drugs as a major or moderate problem indicated Ritalin is the most common stimulant illegally distributed (Figure 107). Over one-third (36.8%) of the MJTFs also indicated anabolic steroids are illegally distributed.

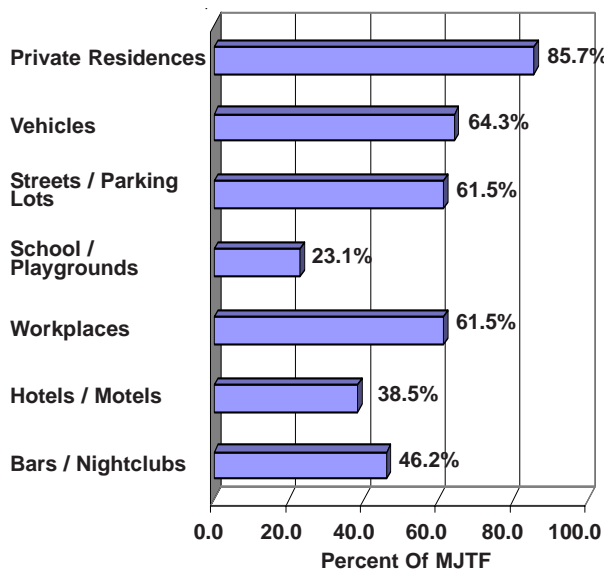
Locations of point-of-sale of pharmaceuticals occur primarily in individual's homes. Of the MJTFs

Figure 107
Types Of Illegal Depressants, Stimulants, And Other Drug
Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



noting this industry as a major or moderate problem, 85.7% identified residences as locations for sale of pharmaceuticals (Figure 108). Other pharmaceutical point-of-sale locations perceived by MJTFs include vehicles (64.3%), on streets / parking lots (61.5%), and at workplaces (61.5%).

Figure 108
Locations Of Illegal Pharmaceutical Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



Most distributors of illegal pharmaceutical drugs are white males and females aged 18 and older. Of the MJTFs noting this industry as a major or moderate problem, 71.4% identified both males and females participate in point-of-sale distribution of pharmaceutical drugs (Figure 109). In addition, 80.0% noted whites are involved in the industry. 62.6% of the respondent MJTFs perceived persons aged 18 through 35 illegally distribute pharmaceuticals drugs.

Point-of-sale distribution of pharmaceutical drugs is not a very organized industry. Of the respondent MJTFs noting this industry as a major or moderate problem, 46.2% indicated industry participants are loosely organized (Figure 110). Another 30.8% of the MJTFs indicated the industry is poorly organized or completely unorganized.

Figure 109
Demographic Characteristics Of Persons Involved In Illegal
Pharmaceutical Drugs Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces

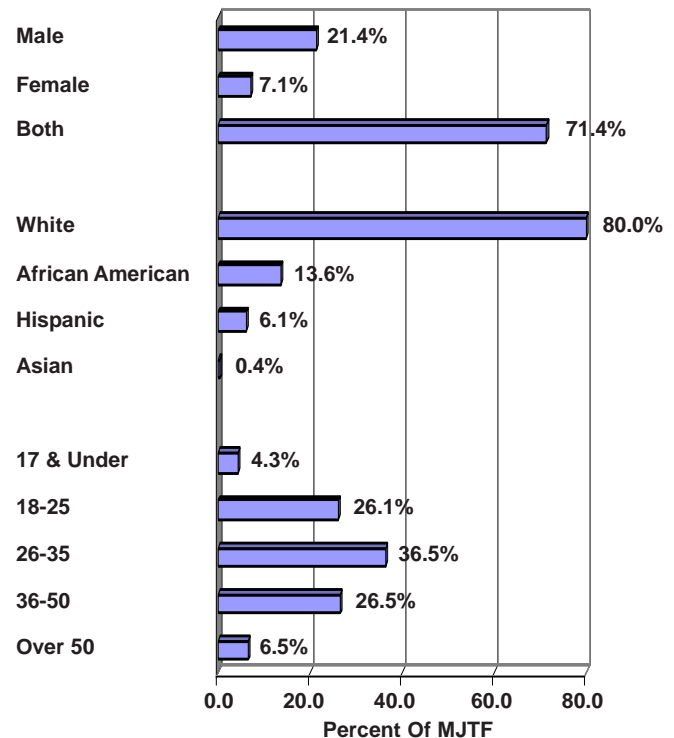
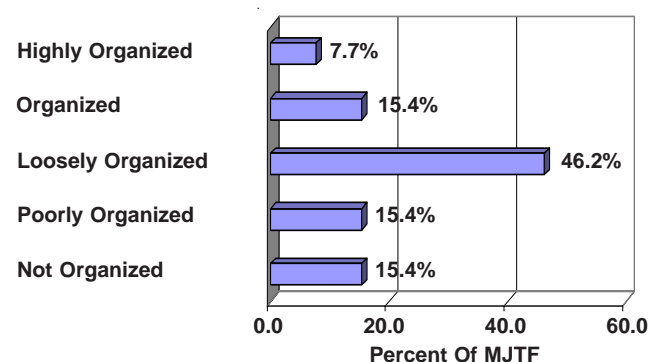
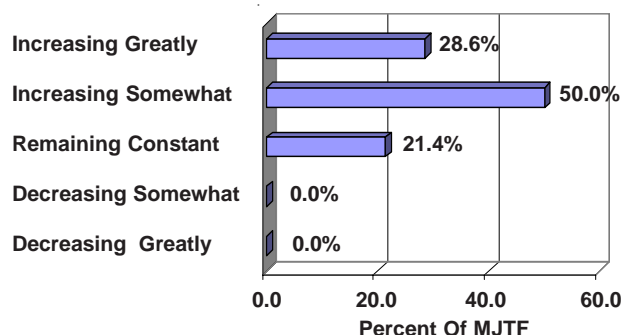


Figure 110
Organization Levels Associated With
Illegal Pharmaceutical Drugs Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



Point-of-sale distribution of pharmaceutical drugs is increasing to some degree throughout Missouri. Of the MJTFs indicating this industry is a major or moderate problem, one half noted it is increasing somewhat and 28.6% said it is increasing greatly (Figure 111).

Figure 111
Trends Of Illegal Pharmaceutical Drugs
Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces



New Illicit Drugs

Over time, new illicit drugs and support industries appear in Missouri. State crime laboratories were asked to identify new illicit drugs found in cases they processed. A discussion of the top three new drugs identified by crime laboratories in Fiscal Years 2003 and 2004 follows.

Club Drugs

Club drugs are commonly sold and abused at dance clubs and raves by adolescents and young adults. Included in this new group of drugs are GHB (gamma-hydroxybutyrate), ketamine, Rohypnol, BZP (N-benzylpiperazine), MDMA (discussed in Ecstasy section), and TFMPP (1-(3-trifluoromethylphenyl) piperazine).

Because GHB and Rohypnol have sedative properties, they have been used to facilitate sexual assaults. Victims are quickly rendered unconscious when they unknowingly ingest GHB or Rohypnol that has been added to their drinks by an offender. Once consciousness is regained, victims have no memory of assault and only a sense they were sexually violated.

With the exception of Xyrem, the prescription form of GHB, GHB is an illegal substance produced in domestic and foreign laboratories. The NDIC reports GHB is known to be produced in parts of Florida, Nevada, Texas, Oregon, and the Midwest. Foreign produced GHB is produced in Canada, Mexico, Europe, and Israel. Rohypnol is sold legally in several foreign countries but not the U.S. The drug is commonly smuggled into the U.S. from Mexico

where prescriptions are not required to buy it. Rohypnol is taken orally as tablets or crushed into powder and snorted or dissolved in liquid for injection or oral ingestion.

Ketamine is legally used as a preoperative anesthetic and for emergency surgeries. In addition to its analgesic properties, ketamine is known to affect users as a stimulant, depressant, and hallucinogenic. It is produced legally in the U.S. as well as Belgium, China, Colombia, Germany, and Mexico. Because it is very difficult to produce in clandestine laboratories, ketamine is illicitly obtained by theft from domestic and foreign veterinary offices or smuggled from Mexico.

Cathinone (Khat)

Cathinone is a Schedule 1 substance obtained from the fresh leaves of a flowering shrub native to Northeast Africa and the Arabian Peninsula. Leaves are chewed quickly, usually within 48 hours following harvest because of the limited shelf life of the plant. Ingestion of the drug affects users by increasing their heart rate and blood pressure and reportedly sharpens their concentration and increases their energy.

Khat users in the U.S. are typically immigrants from Somalia, Ethiopia, and Yemen. Khat is used casually and as part of religious ceremonies. Other demographic groups have been reported to use Khat and it is expected to become increasingly available. Due to the less appealing nature of its effects and short period of potency, Khat's popularity will be limited.

Salvia

Salvinorin A is a hallucinogen derived from the perennial herb Salvia Divinorum of the mint family native to Oaxaca, Mexico. While not native to the U.S., it has been grown indoors as well as outdoors in Hawaii and California. Salvinorin A is administered by smoking or chewing the plant or by ingesting tea brewed from Salvia Divinorum. The plant is typically purchased on the Internet from "head shops" in California, Hawaii, Missouri, New York, Washington, and Wisconsin. Although the drug is widely available, its popularity is not expected to significantly increase because of its antisocial hallucinogen effect on users.

APPENDIX A

MISSOURI REGIONAL COUNTY GROUPINGS

SMSA REGIONS:

St. Louis SMSA:

**St. Louis, St. Charles, Franklin, Iron, Jefferson, Reynolds, Ste.
Genevieve, St. Francois, Warren, and Washington and St. Louis City**

Kansas City SMSA:

**Jackson, Platte, Clay, Lafayette, Cass, Bates, Henry, Benton, Vernon,
and St. Clair**

Columbia SMSA:

Boone, Cole, and Callaway

Springfield SMSA:

Greene, Cedar, Christian, Dade, Dallas, Polk, Taney, Stone, and Webster

Joplin SMSA:

Jasper, Lawrence, McDonald, Barry, and Newton

St. Joseph SMSA:

**Andrew, Buchanan, Atchison, Daviess, Holt, Nodaway, Worth, Gentry, DeKalb,
Clinton, Harrison, and Caldwell**

NON-SMSA REGIONS:

**Adair, Audrain, Bollinger, Butler, Camden, Cape Girardeau, Carroll, Carter,
Chariton, Crawford, Douglas, Dunklin, Gasconade, Hickory, , Howard, Howell,
Knox, Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mississippi,
Monroe, Montgomery, New Madrid, Oregon, Ozark, Pemiscot, Perry, Pike,
Pulaski, Putnam, Ralls, Randolph, Ray, Ripley, Saline, Schuyler, Scotland,
Scott, Shannon, Shelby, Stoddard, Sullivan, Texas, Wayne, and Wright**

A map of Missouri with county boundaries and names. The five SMSAs are highlighted in different colors: St. Joseph SMSA (yellow), Kansas City SMSA (red), Columbia SMSA (cyan), St. Louis SMSA (magenta), and Springfield SMSA (blue). The labels for each SMSA are placed to the left of their respective colored regions.